

The Osteopathic Physician

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The Osteopathic Physician

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Number 4

The Passing of Michael Angelo Lane An Appreciation

The profession was greatly shocked at the sudden death at Kirksville of Professor Michael Lane. March 19th. Death was probably the result of dilatation of the heart and occurred about 9:30 o'clock Saturday morning, in the office of T. I. Reynolds, which adjoins Professor Lane's private laboratory in the Odd Fellows' Building at the northwest corner of the town square.

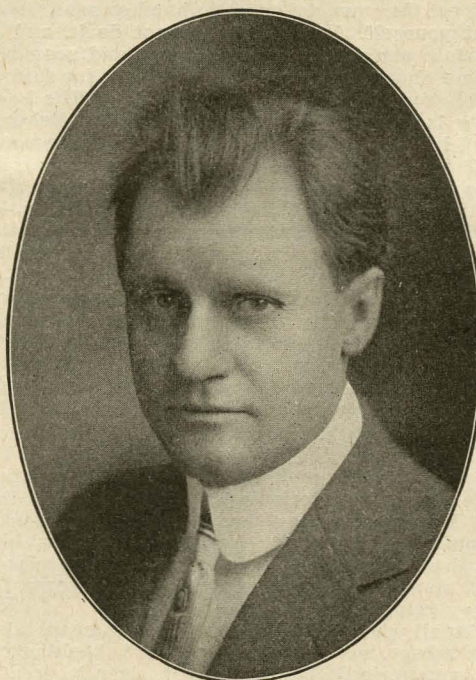
The stroke came to Professor Lane without warning after he had engaged in a heated argument over socialism and world politics with J. W. Varner, an ex-service marine, a stranger to the professor, with whom he chanced to meet up in Mr. Reynolds' office. As is well known to the friends and students of Professor Lane, he held very pronounced views on the theoretical rights of the proletariat and the present so-called capitalistic form of society, and upon occasion could be beguiled into a very strenuous and sometimes picturesque argument about present world tendencies. Mr. Varner had formed his own opinion of these matters in Europe and clashed with Professor Lane's views in toto. The discussion got so strenuous that Mr. Reynolds finally took Mr. Varner by the arm and lead him out of the office, explaining in the hallway the professor's well known love of an argument, and asked him not to pursue the talk further. He had scarcely returned to the office when Professor Lane muttered something about "sick," leaned back stiffly in his chair, stared vacantly—and was gone. Lane died as he lived—a fighter for the faith that was in him.

Doctors said demise was probably due to a dilatation of the heart from emotional stress rather than to a stroke of apoplexy. Dr. Lane had been in excellent health. He had breakfasted with Mrs. Lane at his home that morning and was in fine spirits. He was known as an inveterate worker. He had lectured to his classes as usual the day before. He held the chair of professor of biology, pathology, immunology and diagnosis at the American School of Osteopathy where he had been a teacher for seven years.

Professor Lane was a research man of profound attainment and had an international reputation in the field of biology and pathology. His blood researches conducted in the laboratories of the University of Illinois and University of Chicago resulted in discoveries of new facts about the cell composition of the Islands of Langerhans which were discussed at the meeting of the International Society of Anatomists at Budapest the year following. This achievement brought Dr. Lane membership in the American Anatomical Society, a body of research men, which meant that thereafter any work he might put out as original would have the attention of the research men of all countries working in the biologic field.

Professor Lane got his classical training at St. Louis University and his scientific training at the University of Chicago where he obtained the degree Bachelor of Science. He was a

disciple of Bensley and Keyes and was held in great respect by these research masters for the powers of his mind and the cleverness of his technique which he exhibited when working as a fellow for three years in the University of Chicago research laboratories. He had taught physiology in the University of Illinois and been an assistant research professor there. He taught histology in Loyola Medical School,



The Late Michael A. Lane, Sc.B., D.O.

Chicago, and Immunology and Infection at the Chicago College of Osteopathy.

It is not generally known among his former students that 20 years ago Dr. Lane made quite a stir in the ranks of the sociologists by contributing an original work entitled "The Level of Social Motion," published by D. Appleton. It was regarded as a noteworthy piece of research in the field of sociology and was even more highly praised in Europe than in this country. Yet Professor Lane never referred to this achievement except among his intimates. It was the present writer's privilege to have read much of this work in its early manuscript form before it found a publisher. Dr. Lane's achievement in this field was doubtless soft-pedaled by him because it was not in the field of pure science, of demonstrable science, with which he wished to be identified and by which he expected to be remembered; so after attaining eminence in biology he came to regard his early excursions into sociology as more a flight

of pure fancy than as anything which was definitely provable. Therefore he put sociology very much lower down in the hierarchy of sciences. Any devoted friend and disciple of this lamented educator would no doubt thank us for putting him in touch with this little known but remarkable book which represented the workings of the Lane mind in the period of its growth between the 24th and 28th years.

Burial Was at St. Louis

Burial of the mortal remains of Michael Angelo Lane took place the following Monday at St. Louis in the burial plot of the Lane family. In the funeral party from Kirksville accompanying the casket were the educator's widow, Mrs. Dorothy Engelhart Lane, her mother, Mrs. George Engelhart, and her sister, Miss Engelhart, and the Misses Lane, sisters of the deceased, all of Chicago. Dr. George A. Still represented the college and George Kahler represented the student body. There was no school on Monday. The student body paraded as an escort to the funeral cortege from the educator's late home to the Wabash depot.

The Lane Home Life Ideal

Dr. Lane was ideally happy in his marriage and home life. Mrs. Lane is a graduate of Bryn Mawr and being a cultured student of science and deeply interested in all her late husband's research problems afforded Professor Lane an intellectual comradeship of which he often spoke to the present writer with the greatest enthusiasm and appreciation. The blow is therefore a crushing one to the widow who will doubtless break up her home in Kirksville at once and return to her mother's home in Chicago.

How Romance Came to Lane

Dr. Lane met Mrs. Lane while lecturing in the Chicago College of Osteopathy in which the young lady had registered for some advanced physiological chemistry under the professor. One day the professor wrote the formula of animal albumen on the blackboard from memory, or reason—as the case may be. He became from that very hour a hero in the eyes of the young Bryn Mawr graduate who had made food chemistry her major.

When Professor Lane turned his glance back toward his class from the blackboard he saw a pair of lustrous gleaming eyes that he had never noticed in class before—as he himself recounted to the present writer—and he saw that the person who looked at him through those eyes understood him and was following his elaboration of the intricate albumen formula with appreciative attention. Love struck its shaft at the heart of Lane that instant as he realized it had never done before. When he went to Kirksville next September Mrs. Lane went with him, and the present writer had the honor of serving as best man at the ceremony which made Michael truly blessed. He was ever as tender and chivalrous as a lover as he was valiant and militant in advocacy of what he stood for in science.

The Shift at ASO

The lecture work of the late Professor Lane is being handled for the rest of this school

(Continued on Page 23)

"GET *the* VISION!"

"Osteopathy—It Shall Be Known!"

A Stimulating Personal Letter from An Old Timer
Who Suddenly Got Young

Dr. F. C. Lincoln, Buffalo, New York

My dear Harry:

It did my heart good to get that piece of real "hand scratching" from you the other day. I like to hear from my old classmates, and especially because you started out by saying "dear Fred" instead of the formal "My Dear Doctor". As I read that letter it seemed as if you had just dropped into my office, sat down and we were having a real good heart-to-heart talk.

The great idea of Rotary, the calling a fellow by his first name, is the spirit of the day, and I like it. Right here let it be said that Rotary has done more to bring men of the right sort together, and start them boosting for themselves, and everything that is good, than any other organization existent.

Well, Harry, you asked me to tell you about my new vision, that led to my success in practice, and the new life it has made possible.

As you know, we graduated back at old A.S.O. in June, 1900. Within a short time my name appeared on an office door announcing, "Osteopathic Physician." It has been there ever since, and I intend it shall remain there at least ten years more.

Well, I struggled along in that good old office for about 15 long years, practicing simon-pure osteopathy. To be sure, I had patients from the beginning; I paid expenses, and made a living. I had much idle time which I put into study; that has stood me in good hand since. Of course as time went on, expenses increased materially, business and income some, but not as it should have done. Not as it would have done, had I known what I know now.

I fully expected when I graduated that all I had to do was open an office, hang out my shingle, and patients would flock in to me like sheep over a stone wall. I truly had dreams that in a short time I would have the practice of a George Helmar, a Joe Sullivan, a Walter Steele, and a few other celebrities of those days. But in vain did I wait, and I might still be waiting, had I not changed my sails. Along in those early days of the great world war, when H.C.L. was all the talk, and soon was more than talk, a stern reality, I suddenly awakened to a realization of the fact that I was falling by the wayside. It suddenly was apparent that it would be necessary to apply present day methods to present day problems. The activities of our government in selling liberty bonds, taught me the meaning of that wonderful and now magnetic word, publicity. My hobby is publicity.

I immediately adopted a slogan of my own, viz. "It shall be known!" This was suggested to me by the famous words of the French, "They shall not pass," and they didn't! By this slogan I intended that osteopathy should be known to my patients. I determined to educate them in osteopathic ideas and thoughts and standards. And I also intended that they should know that I had the ability to administer it. How was I to do this?

It was then that the arguments of the leaders of our profession, who publish osteopathic literature for educational purposes, began to sink into the convolutions of my brain and take root. It was then I got busy, and began educating every one of my patients, and all those whom I wanted to serve. I followed it up in a regular and systematic way.

And right here I want to say that you can have the kind of people you want as patients, if you go after them in the right way, and that right way is to educate them, sell them the osteopathic idea. It is education, propaganda, and publicity, first, last and all the time that wins a practice nowadays. I have used Osteopathic Health, Woodall's books, Webster's books, Kansas City Williams booklets, and leaflets of one kind and another.

I sent the Osteopathic Magazine to a list of patients and prospects some 200 in number for two years. I have received the thanks of patients in person, and in writing, for all the osteopathic literature I have ever sent out.

It is a mistake to send for booklets and expect that you are going to hand or send them out yourself. You simply do not do it, and a certain amount are tucked away, and soon become shopworn and dirty, and unfit for future use, even if they are not out of date. The best way is to send in your lists to the publishers, and let them send them out. It's the sure way.

I never missed an opportunity to appear in the lime-light, when ever it was legitimate and proper, and I took an intensified training in public speaking, and was taught how to talk more convincingly to my patients and friends. And I made use of it.

Immediately business began to boom, practice began to jump up, and it has been going up ever since. I soon found I had created a desire for my services, and had to adopt methods to conserve my time. The more patients I had, the more quickly and better could I handle them.

Now comes the best part: Naturally the increase in demand for my services gave me the opportunity to increase my fees, and I did it. Even the increase in fees seemed to create more demand for my service. A wheel within a wheel, you see. It seems that when once you get started on an upward flight, it is easy to keep going.

To all who would get started right away, take my advice, make that magic word, "publicity" your pass word; Think it, eat it, sleep it, create a demand for your service, and you can make your income almost what you will.

This is of course on the supposition that you have osteopathy in your brain, and the physical ability to apply it.

A beginner should put more into publicity material than in office equipment, if he hasn't enough for both.

He ought to spend at least one-fourth of his first three years' expense, to educate his prospective clientele. Then keep doing it. Our hangnail competitors are where they are, because of publicity.

I am now at the limit of my physical endurance—still I am learning how to broaden that some, and keep doing it all the time.

Well, Harry, I am going stronger on OH as soon as I can arrange to take care of the additional business I know it will bring.

Wishing you the best of health and success,

Yours old classmate,
Lincoln.

"Sometimes charity kills friends—charge 'em something."—Waldo.

TECHNIQUE

Advanced Technique Used on the McManis Table

By J. V. McManis, D. O., Kirksville, Mo.

If the instructions in this article, (The Care of Your Table), are carefully read and closely followed, the life of your table will be lengthened and it will work more easily and smoothly. After having examined any number of McManis tables now in use, the writer has come to the conclusion that practically all tables, after once being installed, are never touched again except when used for treating purposes.

The McManis table is like any other piece of machinery; it needs attention. A little oil once in a while and occasionally a dusting would not hurt.

When you receive your McManis table and have it set up for operation, examine it closely and find all the oil holes. Just below and between the middle and swinging sections of the table are four or five such holes. One will be found on the spring tension crank. There are several more. Using a good light lubricating oil, place several drops in each hole. Do not use so much that it will run out upon the different parts of the table. Oil the threads of the large traction screw at the foot end of the table. The best way to do this is to dampen a cloth with oil and rub the same over the screw. Oil the threaded bolt found on the spring tension crank. Clean off the long, round sliding rods upon which the swinging section of the table moves backward and forward. Dampen cloth with oil and wipe off the full length of the rods. When opening and closing the split head section, several small sliding rods will be found. Clean these off with oily cloth. When lowering and raising the middle section of the table an occasional squeak is noticed, caused by the sliding surfaces of the device which control the action of the leaf. Clean these surfaces with the same cloth. All of this should be done when you first receive your table and should be repeated at least once every three months.

Your table will work easier, will not wear so quickly and will not squeak.

Do not forget to dust your table. The table top is naturally kept clean, but there are other places where the dust cloth seldom reaches. Remove the middle section of the table and notice how much dust and lint has collected. Dust the large perpendicular springs and the adjacent mechanism. It is an easy matter to neglect these parts of the table and then the first thing you know they are covered with dirt. It grinds into the joints and sliding surfaces of the table, creates friction and wears. Keep the dirt out.

There is only one part of the table that does not need cleaning. It is the cylinder of the hydraulic lift. Keep the dust cloth away from it. It keeps itself clean, if the lift is used. By using the dust cloth particles of dirt get down into the lift, and if enough accumulates, it will interfere with its action.

With your table came a can of metal polish. This is for the nickle and brass parts of the table. Apply a thin coat of polish three or four times a year and after it has dried, rub off with a cloth. This keeps your table looking like new all the time.

Cleanliness is one of the most important considerations in the doctor's office. Do not stop cleaning before you reach your table. By keeping it well oiled, cleaned and polished it will last longer, look better and give better service.

"Eleven hundred Medics gave \$250.00 each in Washington to pay a D. O. goat-getter."—Waldo.

Xiphoid Klan May be Called the Eastern Osteopathic Association

At Present It's the Four States Osteopathic Society

Doctor Dear:

On the Pacific Coast, where people are as progressive as synthetic milk, as we used to say in the workhouse, there is an osteopathic organization which includes several states. In this association has been established a Circuit Clinic which works this way: About once each month a technician or clinician of repute and worth goes to each center in each State and spends one day examining cases, outlining and demonstrating treatment, and lecturing to the public in the evening. Diagnosis, technique, publicity, and public education, the sine qua non of osteopathy, are thus brot into every community at small expense. A post graduate course is provided and baffling cases are cared for without recourse to the allopathic ranks. Such a scheme is all to the mustard, isn't it? Why not have one right here where we live? We shall! and this is the first step.

On April 29th and 30th the osteopaths of Pennsylvania, Maryland, New Jersey, and New York will meet at Hotel Pennsylvania, New York City for the purpose of welding into permanent form such an organization. A fine two-day program has been provided under the auspices of the Osteopathic Society of the City of New York whose guests we will be. A banquet, with speakers of unusual prominence, will be held the evening of the 29th—a dance will follow the banquet.

The name for this new organization has not been selected and a prize of five years' dues will be awarded the person first suggesting the name finally selected. You tell 'em, Old Dictionary, you've got the words. Send as many names as you wish to Dr. C. R. Rogers, 341 Madison Ave., New York City.

The slogan of this new organization will be Diagnosis, Technique, Publicity, Public Education. Could there be a better one?

Diagnosis

First—Any and every case must be diagnosed and, no matter how good a diagnostician you are, there is something new to learn.

Second—Technique is the very foundation stone of osteopathy and once a scientific, accurate technique is learned there will be less talk of adjuncts, less unrest, less dissatisfaction with osteopathy as a complete system of healing. The great majority of your failures are due to the lack of ability to fix what you find is wrong—it is your failure and not the incompleteness of osteopathy. Remember! technique is not the imitation of movements—it is the understanding of mechanics. Once you are grounded in the anatomy and mechanics of the spine you quickly recognize how it must be fixed.

Publicity

Third—If you are to demonstrate your worth as a practitioner you must first attract the attention of the public—you can neither earn a living nor cure a disease unless you have the patronage of the people. The notice of the clinical circuit meetings in your community, together with the story of the work to be done for the sick, will be live news, not old stuff full of jaw-breaking Latin terms, and the papers will eat it up. This is not fancy, it has been proven.

Public Education

Fourth—Publicity and successful treatment will not necessarily make a complete success; public education is necessary for your future as well as for osteopathy. The public must be educated to the breadth and scope of osteopathy, to the end that they will understand it as a complete system of therapy. Many times you have cured a case of lumbago and been

chagrined when later the same patient called an allopath when afflicted with tonsillitis. The trouble entirely was lack of knowledge as to the scope of osteopathy. This will be cared for by the public lectures given in connection with the circuit in your community. More ammunition for the papers in this, too.

Later we can bring to the yearly meetings the distinguished men of our profession who live at great distances; such luxuries cannot be indulged in by smaller organizations. Many phases are not mentioned here but the plan is sure an apricot for every one. Can it be put over? Surest thing you know, and it will be some ruckus if you are a partner.

Osteopathy has been pretty well unionized, you either joined the union, by affiliating with several organizations, or you were frowned upon. That's unionism, isn't it? Do you believe in unions labor or osteopathic but not including balbriggan?

This organization is not a union, membership does not depend upon your joining the AOA, a State Society, or a District Society. Irrespective of creed, sex, denomination, age, color, or race; without question as to whether you use two fingers or ten, you may join this organization if you graduated from a college recognized by the AOA and possess a license to practice in the State in which you are located.

Fact is, this new organization is to be a haven, an asylum, for those who have never been identified with osteopathic organizations. Every practitioner's influence is needed, and sought, for the common good. Thru this amalgamated influence we can accomplish purposes never before within the individual's reach—we can make the power of the many accrue to the protection of even the "weakest sister." Could you have a better weapon for the negation of the efforts of Mr. Allopath?

Remember! There are a thousand osteopaths in the four States concerned and, in a pinch, we can join forces with hundreds more now in the New England and Middle Atlantic organizations. There is no limit to the possibilities unless you wish to make one.

There will be no clique running things. The humblest backwoods practitioner is eligible for the presidency; politics will be barred and the whole dingus run by an Executive Committee elected by the members and equally representing the States. No one can sulk and say "They ain't no room in the president's chair for me." The care and feeding of the exchequer will be on a modest scale, the dues will be but \$2.00 per year and no assessments—the cost minimum, and efficiency maximum. Can you beat it? You can't.

Let's get off on the right foot by having a whale of a meeting in New York when we organize. A spiffy program is provided and the social features are to be most prominent. To get to know your fellow practitioners is one aim of this baby society—to know them is to rub elbows with the people who are doing things, the real Whosewho. Even a doctor is average flesh and blood when you learn to call 'em Bill or Maude. Get acquainted!

Your first step is to plan on being away April 29-30th, then write for reservations at the Pennsylvania. The program will be along in about a week, if your mouth does not water now it will then. O, Girl! I'll say it will.

Yours for a Regular One,
Dickery Doc.

To the friends of Bunting who believe in his work:—Buy a Bond!!

Iowa Wins Complete Legislative Victory

Iowa osteopaths are shouting Eureka! After twenty years of fighting they have secured an independent osteopathic law which is regarded as satisfactory in every respect. The new law—based on the AOA "model" bill—passed the House on February 23rd and the Senate on March 21st. The favorable vote was remarkable for its strength. The roll-call in the House showed 101 to 2 (the two adverse votes were cast by M. D.'s). This decisive, clean cut victory gives Iowa osteopaths all they wanted and the bill is regarded as one that will stand every test.

The "model" bill of the AOA was modified slightly to conform with the Iowa code, but there was no change whatever in the intent of the bill. Some things were added which give Iowa osteopaths even wider privileges than the "model" bill. For instance, there is a clause reading to this effect: "Wherever the word physician, regular physician, medical physician or medical schools or colleges appear in the Iowa statutes it shall be read as tho the words osteopathic physician, or osteopath or osteopathic school or college, were written therein." This clause takes away all the little discriminations that have existed in the laws of the state and does it in one fell swoop.

This legislative enactment gives osteopathy in Iowa wonderful new prestige and opportunity. We extend congratulations to the profession in Iowa and trust it will now take on new vision and ambition and move forward to greater achievements than ever before.

This victory in Iowa should also give new courage and inspiration to osteopaths in other states where new osteopathic legislation is needed. It shows that the AOA "model" bill affords a right foundation on which to work and that it gives great promise of victory when backed by the whole-hearted, united action of the profession of a state.

Once again congratulations to Iowa and may other states follow her example!

Educating to Make Them Stick

I want to make a few observations in regard to the support "Osteopathic Health" has given to my own practice. Some years ago, during the war, it was evident that people were doing business easily and making money because of the mass of business they were doing and it was evident to my mind that there would come a time when efficiency would count instead of the happy-go-lucky manner in which people were doing business so easily, and it occurred to me that the closer one could draw people to him, even in a time like that, the more closely they would stay with one when times were not so easy. Time has proven in fact what was then in my mind a theory. Times are harder now, that is, in the general sense of the term, and I find that the people who have been receiving "Osteopathic Health" these many months are sticking to osteopathy closer than ever before. I am keeping in close touch with my patients and ex-patients in one way and another and the fact that they are considerably interested in my profession is proving a factor of assistance to me in my legislative campaign work.—F. A. Englehart, D.O., Oklahoma City, Oklahoma.

Don't Dally with Suspicious Tumors

Why are some of our good brethren so optimistic in dealing (and dallying) with suspicious tumors of the breast? Have just come from a radical breast operation for carcinoma—diagnosed (and treated) a year ago as a breast tumor due to menopause. This woman has lost a year of very valuable time. Her chances for life then were 50% better than now.—C. L. McClelland, D.O., Ontario, Cal.

Diagnoses Versus Error

The Diagnosis of Gallstones and Cholelithiasis

By S. L. Taylor, A.B., M.D., D.O., Surgeon-in-Chief of the Taylor Clinic, Des Moines General Hospital.

I have emphasized the "case history" in many of my articles, but notwithstanding this fact, I do not apologize or hesitate to repeat, for of all necessary procedures in the diagnosis of a case, nothing is of more importance than a thorough case history. This, I believe, many physicians do not appreciate and they consequently skip over the early history of the case thinking that they can find out what the trouble is by physical examination and possible laboratory analyses. They may be able to do this in most cases, but it is in the exceptional case that they make their lamentable mistakes and it is just for that reason that we insist on a careful taking of the case history.

In making a diagnosis of gallstones it is so necessary to get the manner in which the attack begins. We want to know the character of the pain, whether it is sharp, cutting, shooting, boring, or whether it is a dead ache producing more or less nausea and possibly vomiting. We want to know how long these attacks endure and whether or not there is a repetition.

Gallstone attacks nearly always repeat themselves and the manner of the on-set is often very similar to previous attacks. Frequently, however, after the first attack the pain settles down to a steady "misery" in the right hypochondrium or in the epigastrium. We also want to know what the condition of the patient is ordinarily before the attack and after the attack, for a gallstone patient is oftentimes very well both preceding and following the attack and goes on with his usual duties without much inconvenience. These cases are to be studied for the history of jaundice. While jaundice is not pathognomonic of gallstones, yet it is a frequent accompaniment. In the majority of cases, however, it is not well marked and can only be seen by the most careful examination. We always want to know whether these patients have suffered from biliousness, that is, periodical spells of nausea or vomiting, digestive disturbances, headaches and depressions. It is important to know how the appetite of the patient is and whether or not the patient suffers pain after eating and particularly if the pain is in relation to eating, for if it is the stomach which is giving the trouble the probabilities are there will be a modification of the pain after eating, either an increase or decrease of same. However, if the patient can eat one, two or a half-dozen light meals without pain and then on eating a heavy meal, one of the typical attacks of pain in the stomach occurs, in all probability it is not the stomach which is giving the trouble, but the gallbladder.

We want the history of the presence or absence of gas after eating, for probably nothing is quite so typical of gallbladder infection of the chronic sort as the presence of gas in the stomach. We like to have a history of the color of the stools, also character of same, for frequently the stools have a lighter color or show bile.

We also like to know something about the temperature that the patient runs during these attacks and for the day or two following. If they have a temperature of 99 to 101 it is very suggestive of the presence of gallstones with a possible infection.

The pain in the region of the stomach gives us no grief for in the history of these cases the pain is almost always referred to as being in the stomach and we like to have this fact brought out in our case histories. Often the patient gives a history of pain under the shoulder blade and this is a very important sign. It is strictly a reflex pain, but it is of interest, for it is rare that we find any other trouble

or disease causing a pain under the right shoulder blade.

We want to take into consideration whether the patient is male or female, for the female suffers from gallstones five times as frequently as the male. The age of the patient should be noted for we find that 75% of gallstone cases occur in people after the age of 40. They do occur very frequently in people under 40 and even in children which is generally not suspected by the average physician. It is undoubtedly true that the incidence of gallstones increases with the age of the patient. There is one thing however that the average physician seemingly does not recognize, namely, that the cause of the trouble takes place mostly in childhood and youth and that the gallstone formation proceeds with the growth and age of the patient. During youth the stones mostly remain latent and only under rare circumstances do the typical gallstone attacks occur.

I have just said that gallstones remain latent. I doubt whether they are ever latent or produce no symptoms even in any case. The probabilities are many of our little pains and aches, digestive disturbances and depressions of childhood and youth are due to gallbladder infections and the formative processes of gallstones. We often speak of these conditions and attacks as biliousness.

Some think that a history of heredity may rightfully play a part in the diagnosis of gallstones for undoubtedly people inherit what may be called a bilious temperament. I think that heredity plays but little part in the history essential to the making of a diagnosis, and in the study of cases it is the rarest thing that the family history is emphasized. Because the mother or father had gallstones is no indication that the son or daughter may have gallstones. There is this feature of heredity I think, which ought to be more emphasized than tissue inheritance, namely, that certain families have certain mental attitudes toward therapeutic care. Oftentimes we find the father and mother refusing to have the teeth cared for or neglect to do so, also refusing to have the tonsils of their children removed on the grounds that they were born with them and that they want them to die with them. This mental attitude necessitates the retention of the foci of infection in the teeth or tonsils and at length may contribute to infection of the gallbladder, kidneys and other parts of the body which is a necessary preparation of the ground for gallstones. In this way you can see how gallstones might run in families. Truly there would be no gallstone inheritance but it would be mental attitude and lack of family appreciation of the harm which sources of infection such as have been mentioned may do to affect the gallbladder and other organs of the body and bring about conditions suitable to the development of gallstones.

After we have finished our case history, then it becomes necessary that we shall differentiate gallstones from other diseased conditions which may exist in the abdominal cavity and which may confuse the picture of a typical gallstone attack. Again and again, have we emphasized the necessity of differentiating between gallstones and gallbladder disease and digestive disturbances. I have known doctors to "cure" hundreds of cases of acute indigestion; as a matter of fact I have known them to become stomach specialists and to make reputations for the treatment of stomach diseases, when in fact they would not much more than get a case cured than the patient would return with another case of indigestion and thus they would

keep the poor unsuspecting patient running to and from their office carrying medicine or seeking osteopathic treatments, the patient thinking all the time that he had a wonderful doctor. The facts are the stomach is seldom the seat of disease other than cancer or ulcer and is seldom free from some kind of reflex disturbances in duodenal ulcers, gallbladder infection and innumerable other conditions in the abdominal cavity. The poor diagnostician attributes these reflex disturbances of the stomach to disease of the stomach.

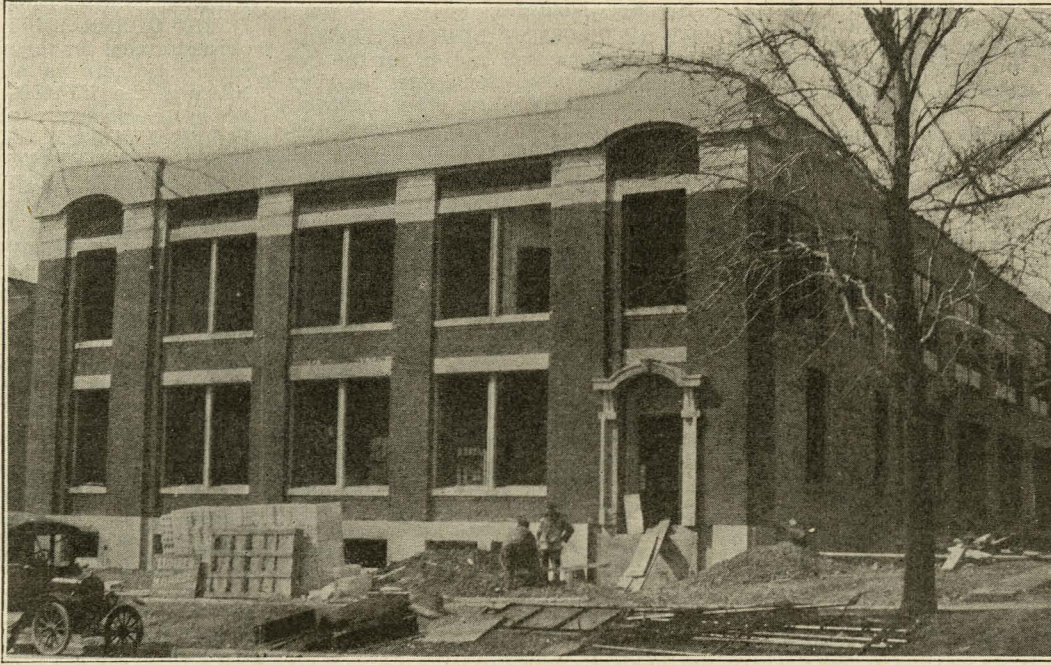
Acute indigestion or chronic indigestion of the stomach due to such conditions as catarrhal gastritis or to neuralgia or hyperchlorhydria are the rarest of facts. I do not mean to exclude ordinary cases of over-eating which are frequent occurrences, but what I have in mind are real types of severe acute or chronic indigestion. The stomach is a very tough and substantial organ. Its function is to act as a reservoir and it is well prepared for that duty and is seldom therefore diseased, for if you take the multitude of instances in which it is charged as being the source of trouble I am very sure in my own mind that not more than about 1% of cases charged as stomach disease by the average practitioner is really not due to the stomach at all but only a manifestation of disease elsewhere. Therefore it becomes quite a problem to make a differential between gallstones or gallbladder disease and actual and imaginary stomach troubles. Fortunately the imaginary troubles are quite easily eliminated by the case history. If a patient can eat a few meals without pain or distress, as a rule it is not the stomach, but if he can eat no meals without distress then in all probability the stomach is the seat of the trouble. We are fortunate, however, in having additional aids in making our differential. There is the study of the case by x-ray. By using the barium meal and locating the exact tender spot in the duodenum or in the stomach by notches and irregularities associated with extreme points of tenderness, we can make out the presence of ulcers. Sometimes we can distinctly see them under the x-ray. We are equally fortunate in a good many cases also in the study of cancer in a similar way. Ulcers and cancers also have quite a typical symptomatology. It is the rarest thing that we have hemorrhages in gallbladder disease, but not an uncommon occurrence in ulcers of the stomach or duodenum and it is the common thing to have blood in the stomach contents and in the feces from cancer. The cachexia or nutritional changes from ulcers and cancers are very markedly different from those of gallbladder disease. It is only in the last stages that we have fever as a rule but in gallbladder disease we frequently have fever accompanying attacks. Occasionally in cancer we can palpate a tumor; this of course is only in the later stages of the disease and it is always more or less perceptible in the epigastrium, whereas in gallstones it is the rarest thing to find a tumor of any sort, for in gallstones the tendency is for the gallbladder to be reduced in size rather than to become enlarged sufficiently to be palpable. Thus ordinarily the differential can be easily made.

It is difficult to differentiate gallstones or gallbladder disease from appendicitis, particularly from the chronic sort, as nausea, vomiting, loss of appetite, periodical attacks and emaciation occurs in chronic appendicitis. The pain is often referred to the epigastrium similarly to the pains as referred in gallbladder disease and it is only by a careful examination using the opaque meal and x-ray and a study of the white corpuscles that one is able to make a differential.

Kidney stones give us grief oftentimes for like gallstones the x-ray may not show them. If the stone is small and purely uric acid, the x-ray may not show it. If it is of the heavier salts it can be shown by the x-ray. The pains are

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To one and all of our loyal friends, customers and co-workers in osteopathy who have bought our Bunting Building Bonds and made this glorious record possible in a rather trying year we extend this formal acknowledgment of appreciation and thanks. We have only begun to advertise osteopathy. We expect to do many fold more for you and for the profession in the new building this year than we ever were able to undertake before.

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so very similar and a temperature oftentimes very similar that from those alone we would not be able to make our differential but when we have reached the point of a thorough study of the case and some confusion exists before we operate, we make a thoro examination of the entire urinary tract, make analyses, do ureteral catheterizations, and make a radiograph with the ureteral catheters in position.

With these facts before us, the case history, and the character of the attacks, we usually can make our diagnostic differential. Dietl's crises due to kinks, partial obstruction to the ureteral outlet, gives a symptom complex which bears some resemblance to gallstone attacks, but here too, a careful study of the urinary tract as outlined above will usually make the diagnosis clear.

Another condition which sometimes confuses the picture and makes it difficult to reach a diagnosis is malaria. Here we have digestive disturbances, headaches, rigor and temperature. These attacks are very similar to gallbladder attacks with infection. It is only by the study of the periodicity of the attacks, the history of the case, location and travels of the patient and a microscopic study of the blood that we are able to come to a conclusion.

There are other conditions such as neuralgia, ulcers of the intestines, obstruction of intestines, pancreatic infections, nervous phenomena such as arise from tabes or tumors of the central nervous system, gumma and cancer which may help to confuse the picture and make diagnosis difficult but these are not the ordinary diseases found and usually there are accompanying symptoms which enable us to make our differential before operation.

We have now before us our case history and in mind the various diseases which confuse the picture or which simulate to a large extent gallstone attacks. With these facts in mind we begin the physical examination of the patient. The nutrition of the patient with the general appearances is the first point of observation. We examine the sclera,—palate and skin for jaundice and the secretions and excretions for bile. In many cases we can detect bile absorption but it is by no means clearly manifested and requires careful examination to detect it. Palpation over the right hypochondriac region is almost sure to bring out soreness. This has to be done however with certain technique. The left hand posterior to the lower ribs, the right hand at the margin of the 9th rib in front; the patient is asked to take a full breath and as the abdominal wall recedes with the expiration a rather quick movement of the right hand inward and upward brings the index and middle finger in close approximation with the gallbladder which maneuver will elicit tenderness in most every instance in which the gallbladder is infected or contains gallstones. There is more or less rigidity of the right rectus muscle. Pain thus elicited will simulate the pain of the gallstone attacks,—quite a confirmatory observation. If the attack is an acute one or a recurrent one the physical examination will detect the increased temperature of the body. There is certainly not an increased rate of the heart according to the rule for increase of temperature, if anything the tendency will be for a slowing up of the heart, particularly when there is considerable absorption of bile. This symptom is denied by such men as Moynihan and De Costa, but not withstanding such authors, surely we can say that the heart action is influenced to some degree.

After we have finished our physical examination we then submit the patient to a careful and complete x-ray examination. By this means in a percentage of our cases we can demonstrate the presence of stones by a definite shadow. If we are not able to make out clearly the presence of a stone by the x-ray study we are at least enabled to determine the exact location of tenderness, whether it is associated with the

gallbladder or whether there are any adhesions around or about the gallbladder and duodenum. This enables us to get a clear picture of the pathology as it exists in a given case. Much can be learned which cannot be clearly put on paper from the study of the x-ray and we here give the typical findings in the study of a case.

Report of Mrs. Blank

PATIENT REFERRED BY DR. _____
PHYSICAL EXAMINATION BY DR. S. L. TAYLOR.
CASE HISTORY BY DR. JOHN J. SCHWARTZ.
FAMILY HISTORY: NEGATIVE.

HISTORY OF PRESENT DISEASE: Patient age 40. Has complained off and on for the last 20 years. Has never been strong since the birth of her first child. Has had three other children; all are living, youngest is nine years old. Patient complains of much gas in the stomach and bowels and a feeling of distress in the epigastrium. Occasionally has intense and localized pain in the right hypochondrium associated with nausea, occasionally vomiting, headache, backache and general depression. Complains of pain under right shoulder blade if she is on her feet a good deal and especially after much walking. Has history of a severe attack, seemed to be different from others, associated with high temperature and intense pain in the lower right side with suppression of urine. She was confined to her bed for ten days but finally recovered. Patient is ordinarily able to eat almost anything. Cabbage usually causes distress. Appetite usually good. Patient is somewhat constipated. Has never been jaundiced but skin becomes sallow after attacks. Has no history of lung trouble. Complains some of shortness of breath. Has no trouble which would indicate disease of the kidneys. Periods regular and apparently normal.

Physical Examination

General appearance good. Does not show any emaciation or cachexia.

EYES: Reflexes normal. Accommodation normal.

NOSE: Negative.

MOUTH: Teeth, some absent. Marked inflammation of the gums.

Tongue, slightly coated.

Tonsils, reddened and inflamed. Right tonsil ragged, large crypts filled with caseous substance. Left tonsil normal.

NECK: A few palpable lymph glands were present. Thyroid normal.

CHEST: Expansion fair and equal. Percussion note clear thruout front and back. Auscultation negative thruout front and back.

HEART: Mitral blow, other sounds normal.

LIVER: Normal in size, extremely tender on deep palpation over the gallbladder. Some rigidity of the right rectus over the gallbladder.

STOMACH: Somewhat distended with gas, otherwise negative on palpation and percussion.

SPLEEN: Normal in size and position.

KIDNEYS: Not palpable. Some tenderness in the iliac region.

SPINAL EXAMINATION: Shows general scoliosis, dorsal and lumbar. No especial tender spots.

REFLEXES: Patellar and muscular reflexes normal.

RECTAL EXAMINATION: Negative.

LOCAL EXAMINATION: Slight perineal lacerations. Uterus normal in size and position. No evidence of abnormality of the adenexa.

Radiographic Examination of the Teeth

By Dr. F. J. Trenery, Roentgenologist.

THE UPPER RIGHT THIRD MOLAR is absent.

There is evidence of extensive alveolar absorption about the necks of the **UPPER RIGHT FIRST AND SECOND MOLARS** with a considerable deposit of scale on the posterior

surface of both teeth.

THE UPPER RIGHT SECOND BICUSPID shows a well developed pocket both anterior and posterior.

THE UPPER RIGHT CUSPID IS ABSENT and there is a well defined alveolar pocket both lateral and mesially to the upper right lateral incisor. There is also evidence of infection of the periodontal membrane extending to the apex.

THE CENTRAL INCISORS both show considerable alveolar absorption. The alveolar process surrounding the **UPPER LEFT LATERAL INCISORS** shows marked rarefaction.

THE UPPER LEFT CUSPID is apparently normal except for the absorption on its anterior surface. There is a well developed pocket between the **UPPER LEFT BICUSPID** and extensive alveolar absorption between the **UPPER LEFT SECOND BICUSPID** and **THE UPPER LEFT FIRST MOLAR**.

THE UPPER LEFT FIRST AND SECOND MOLARS both show considerable alveolar absorption.

THE LOWER RIGHT THIRD MOLAR is absent. **THE LOWER RIGHT SECOND MOLAR** shows considerable alveolar absorption.

THE LOWER RIGHT FIRST MOLAR has a deposit of scale on the posterior surface of its neck. The alveolar infection has extended under the tooth and there is a considerable area of rarefaction at the bifercation of its roots. The periodontal membrane also shows evidence of infection.

THE LOWER RIGHT SECOND BICUSPID shows a slight roughening on the posterior surface of its neck.

THE LOWER RIGHT CUSPID shows extensive alveolar absorption especially marked between it and the lower right first bicuspid.

THE LOWER INCISORS all show extensive alveolar absorption. The **LOWER LEFT CUSPID AND FIRST BICUSPID** show considerable alveolar absorption. There is marked evidence of alveolar infection about the lower left bicuspid and first molar.

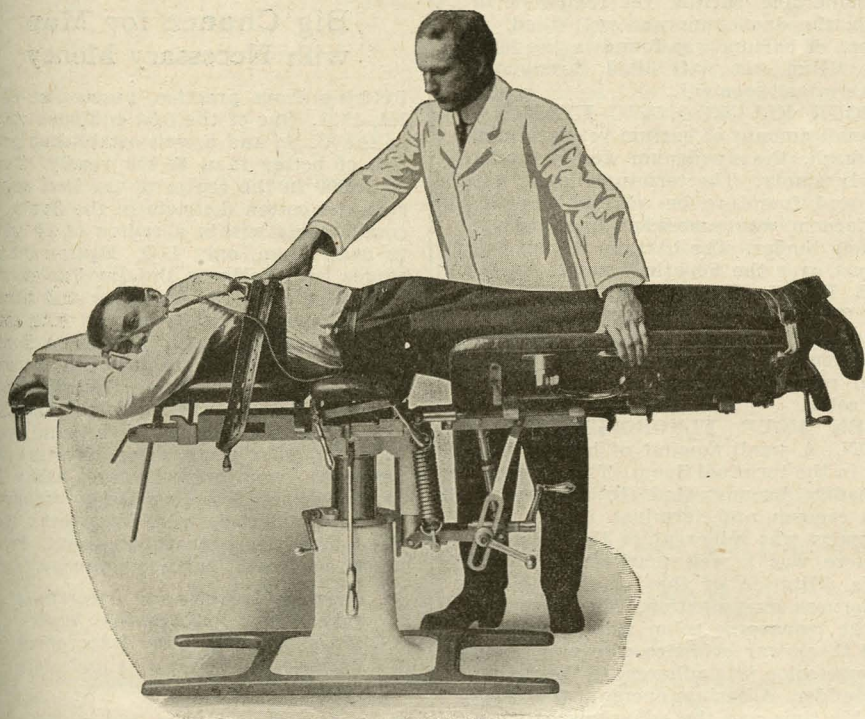
RADIOGRAPHIC EXAMINATION OF THE GALLBLADDER REGION, showed a distinct shadow of the gallbladder, normal in size and position. There was no evidence of stones within the gallbladder.

RADIOGRAPHIC EXAMINATION OF THE URINARY TRACT showed both kidneys normal in size and position. There was no evidence of calculi in the pelvices, ureters or urinary bladder. There was a marked scoliosis thru the entire lumbar region. The bodies rotated to the left. There was also evidence of a sacroiliac lesion. The left innominate appeared to be posterior.

FLUOROSCOPIC EXAMINATION OF THE CHEST. Thoracic contour normal. Thoracic expansion limited. Costo-phrenic angles were clear. The apices were equally illuminated. There was no unusual peribronchial thickening. The mediastinal glands showed a slight increase in density. The heart was somewhat large and there was evidence of hypertrophy of the left ventricle. There was no evidence of abnormality of the great vessels.

FLUOROSCOPIC EXAMINATION OF THE GASTRO INTESTINAL TRACT. The stomach was considerably dilated. The greater curvature dropped to the level of the anterior superior spines. The pylorus was held markedly upward to the right. Peristalsis was somewhat sluggish at first but after about ten minutes took on its normal rate and appearance. The duodenum showed a sharp angulation between its first and second portions. Manipulation of the duodenum and stomach with the patient in the upright position showed evidence of a transduodenal band, the "cap" was markedly deformed. The deformity was no doubt due to the presence of adhesions, as no especial tenderness could be elicited by deep pressure over this portion. However, downward traction on the stomach produced the characteristic

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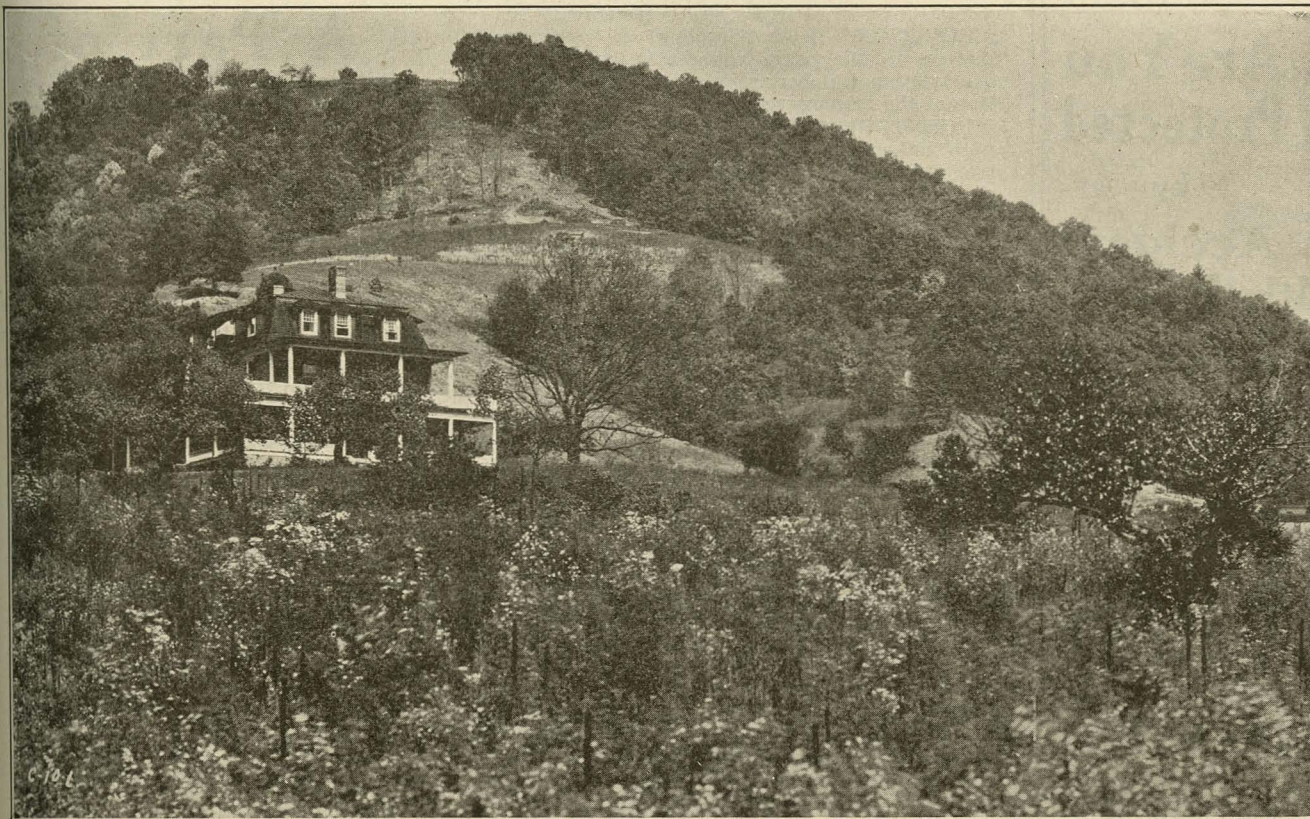
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dragging pain. The third portion of the duodenum appeared to be normal.

THREE HOUR FLUOROSCOPIC EXAMINATION. The stomach was emptying well. The duodenum, jejunum and first portion of the ileum were well filled and appeared normal.

SIX HOUR FLUOROSCOPIC EXAMINATION. Considerable barium yet remained in the stomach, the duodenum was well filled. A small amount of barium was found in the jejunum. The ileum was well filled throughout except its terminal segment.

NINE HOUR FLUOROSCOPIC EXAMINATION. A small amount of barium yet remained in the stomach, the duodenum and jejunum were entirely empty. The terminal ileum was well filled and found to be adherent to the caecum. Caecum was somewhat bound down and extremely tender. The barium column had advanced just over the hepatic flexure.

TWELVE HOUR FLUOROSCOPIC EXAMINATION. The stomach, duodenum and jejunum were entirely empty. A small amount of barium yet remained in the terminal ileum. The barium column had not advanced in the transverse colon.

EIGHTEEN HOUR FLUOROSCOPIC EXAMINATION. A small amount of barium was yet present in the terminal ileum. The appendix could be readily demonstrated. It was located behind the caecum and terminal ileum. Its distal extremity was adherent to the terminal ileum. There was a well marked kink and considerable dilatation of the lumen with extreme tenderness on palpation. The first few inches of the transverse colon were markedly dilated and there was evidence of constriction. The transverse colon was adherent to the region of the gallbladder. A barium enema was administered at this time and the adhesions between the transverse colon and gallbladder region were readily demonstrated.

TWENTY-FOUR HOUR FLUOROSCOPIC EXAMINATION. The barium was evenly distributed thruout the colon. The constriction at the point of adhesion was readily demonstrated.

THIRTY-SIX HOUR FLUOROSCOPIC EXAMINATION. A small amount of barium remained in the colon apparently held by the constriction which was present in the first portion of the transverse colon.

ROENTGEN CONCLUSIONS: Cholecystitis with adhesions involving the duodenum and transverse colon. Pathological appendix. Pyrrhea alveolaris.

Laboratory Examinations

By Dr. Byron L. Cash, Pathologist.

Blood

Haemoglobin80%
Erythrocytes, per c mm.....4,100,000
Leucocytes, per c mm..... 16,000

Differential

Neutrophiles90%
Eosinophiles 1%
Basophiles
Small Lymphocytes 3%
Large Lymphocytes 5%
Transitional 1%

Blood Pressure

Systolic140mm
Diastolic 96mm
Blood Serum Wasserman.....Negative

Urine

Sp. Gr.....1021
ColorAmber
ReactionAcid
SedimentHeavy
AlbumenTrace
SugarAbsent
UreaNormal
IndicanTrace
AcetoneTrace
BileNegative
Diacetic Acid.....Present

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CastsOccasional Hyaline
EpitheliumConsiderable Squamous
PusOccasional
BloodNegative

Analysis of Gastric Contents

Type of meal.....Ewald
How obtainedEvacuator
Time given.....6:00 A. M.
Time withdrawn.....7:00 A. M.
Amount300 cc
ColorGreenish Yellow
OdorNormal
MucusLarge Amount
Solid constituents.....
Small particles of poorly masticated bread.
General appearanceNormal
Total acidity.....65
Free H.Cl30
Combined H.Cl22
Free organic & acid salts.....13
Lactic acid.....Negative

Butyric acid.....Negative
Acetic acid.....Negative
RenninNormal
PepsinNormal
Occult blood.....Negative
Microscopical exam.....Usual appearance

* * * *

The final diagnosis or confirmation of our tentative diagnosis is made by the operation. No living man can tell absolutely in a great many cases what the exact condition is in the abdominal cavity before the incision is made. However the diagnosis of gallstones by the adoption of the careful procedures as given above by trained men working in concert has become almost a certainty, for we take case after case in which we make the diagnosis of gallstones and at operation we find the stones, thus proving the efficiency of the diagnostic work done.

February 28, 1921.

Coalition?

The Chiro Problem Soluble Only by Raising Their Standards

By Byron S. Peterson, D.O., Omaha, Nebr.

Referring to communications on "Coalition" in the February, 1921, *OP*, pages 2 and 4, may I submit the following on the question—not from an angle of personal opinion or prejudice, but as a matter of justice to all concerned! The question of coalition herein is approached from a different angle, with the idea in view of adjudicating this question not only for the present, but for the future.

Granting there are *three natural laws* governing the human body, Chemical, Physical and Psychological, it follows there are but three systems of healing in the world—the drug or chemical system, the mechanical or physical system, and the psychological or mental system. Any healer, irrespective of name, comes under one of the following classifications.

Inasmuch as all drug healers, irrespective of name, use the chemical law as the foundation of their practice, the question of coalition can only be settled on educational qualifications. They may differ as to method, but while they may quarrel over method, they are practically speaking united, and this has been brought about by raising their educational standards until all have equal educational qualifications.

The osteopath is the pioneer in the mechanical field and has now raised the educational qualifications equal to that of the drug or chemical system. We now have the chiro, who operates under the same natural law as the osteopath. In years to come there will be other schools, whatever name they may call themselves, appropriate the same natural law (and

what is to prevent them taking this natural law and founding a school of practice?) the result being that the mechanical school will be constantly in legislature asking for recognition and laws. Like the chemical schools, they may differ as to method, but the only way for the mechanical system to solve this problem is to do just as the chemical system has done: i. e., force the chiros and others that may follow to raise their educational qualifications equal to that of the osteopathic profession.

There is no question but there will be a division in the mechanical school, just as there is in the chemical school, the division being on method or practice and not on principle; and to be just and settle the question for all time to come is for the followers of the mechanical system to force equal educational qualifications.

The same logic applies to the mental system operating under the psychological law. There will be different schools of practice using the same natural law as the foundation for their practice, yet differing only as to method; yet they should also have an educational qualification equal to the chemical or mechanical systems.

Referring to the above table you can readily see the chemical system has equality and all are treated alike.

Notice the chaotic condition in the mechanical system. What will you do with other mechanical healers when they are trying to gain recognition?

The time is coming when the same difficulty will have to be answered for the mental system.

"You may have a medical friend but don't expect him to work for you."—Waldo.

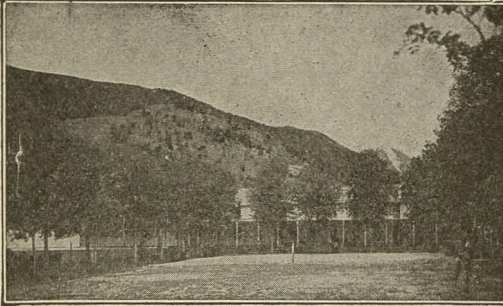
Hank Perkins He Sez: "By Heck, Do You Know -"

THAT THERE OST'OPATH SOLD JUDGE SMALL TWO OF THEM BUNTIN' BONDS. THAT SPEAKS WELL FOR THEM BONDS 'CAUSE THE JUDGE IS SODANG SMALL HE WOULD N'T BUY LARD ENOUGH TO GREASE THE HIN GES ON HIS SPECS.



SYSTEM	HEALER	EDUCATIONAL REQUIREMENT
Drug or Chemical System	Allopath Homeopath Eclectic Physio-Medic	Preliminary educational requirement. College demands 4 years high school or the equivalent. All give same college training. Legal statutes alike for all. Legal recognition alike for all.
		Preliminary educational requirement. College demands 4 years high school or the equivalent. College course 4 years, 9 months each. Pioneer in mechanical healing. Raising educational standard and college training equal to medical schools.
Mechanical or Physical System	Osteopath	Preliminary educational requirement. Colleges demand, NONE. College course, 3 terms, 6 months each. (18 months can be taken continuously.) Recognition in 11 states. Leading school graduates in 12 months with privilege of finishing other 6 months any time within 5 years.
	Chiropractor	Training or standards, NONE.
	Other Mechanical Healers	Training or standards, NONE.
Mental System	Mental Healers	Training or standards, NONE.

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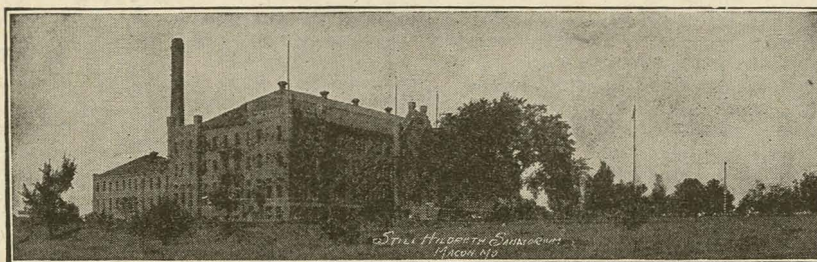
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"Shall We Join with the Chiro's?" "No!"

By M. F. Hulett, B.S., D.O., Columbus, Ohio

Censuring the medics and their coterie of allied organizations for their present congressional attack upon drugless schools, and the query, "Shall we join the chiro's?" warrants the use of strong language and vigorous action. In other words, "Are we justified in groveling in the dirt?" or "Shall we climb?" We have sometimes been badly treated by the medics; no one will deny that. But would we gain by taking the poisonous chiro asp into our bosom? Is any advantage attained by combining with thieves or impostors? Is osteopathy a "limited practice" and to remain as such, or shall we continue broadening into full physician standing, competent to meet the M.D. in every field?

Judging from the chiro's appeal for legislative recognition, he is willing to remain in narrow limits. See definition in bill pending in the Ohio legislature at this writing: "The art and science of the analysis and adjustment, by hand, of the spine and tissues related thereto, for the removal of the cause of disease." Are we willing to shut ourselves in like that? If I read the signs correctly, there are few who will submit to it. The general practitioner is doing well, and the osteopathic specialists are competing successfully with the M.D. in every field. All seem glad to qualify for the greatest service.

We will have opposition from M.D. political quarters, of course. But what of it? Dr. Still had. Did he weaken? Not on your life! If he had, osteopathy would have died in infancy.

The refusal of hospitals to admit us is a mere incident. Meet that by demonstrating our worthiness. It will take a few years probably. Build osteopathic hospitals; no better advertisements anywhere. Go to legislatures with bills compelling all hospitals, wholly or partially supported by public money, private subscriptions, or claiming any tax exemptions on account of charity work to admit all licensed physicians on equal terms (nearly all hospitals have some tax exemptions). Legislators readily see the reasonableness of such demands.

We have climbed to a remarkable height in a few years. Let's "keep on a-keepin' on."

From a Mercenary View Point

By E. K. Stretch, D.O., West Hoboken, N. J.

Consider the attitude of the osteopath toward the chiropractor and medical man from a purely economic standard.

First, we would not notice or pay the slightest attention to the chiro, would totally ignore him,

if it were not for the fact that he is taking away business from the osteopath. Let any one imitate, abuse or make fun of osteopathy and nine out of ten would treat that person with silent contempt, out side of a scientific explanation of the points involved. But infringe on our practice and instead of protecting our interests against the common enemy (medical legislation) we start to fight and according to reports of the various colleges, we relatively are losing.

What are Our Interests?

We have made great inroads on the happy hunting ground of the medics. Yes, the hardest blow ever delivered to the medics was the osteopath taking away, rather curing, the medic's patients. That means that the medics will not rest until osteopathy is crushed, no matter how long it takes, if that be possible. The medics have only associated with us at such times as they thought that by doing so other competitive practitioners could be wiped out. So the medics are against the osteo and chiro for the same economic reason.

Then our interests lie in uniting with the chiropractor and fighting for medical freedom. From a purely mercenary stand this union would be desirable.

Professional Qualification

We have a strong tendency to mimic the medics by denouncing the chiro for his meagre professional training. Pot calling the kettle old blackie. Twenty-five years ago when I studied medicine the course was two years and many of the best men in the medical profession today studied for only two years. To be honest, do we do it to protect the public, or ourselves? Do not be afraid of the public. They will protect themselves from the unfit practitioner, no matter what may be his label, unless forced by class legislation.

We are apt to brag about curing this or that patient, giving the names of every local medic and every noted specialist that has treated such patients, notwithstanding the fact that these medical men had studied from two to four years more than we had, not to speak of their years of practice. Do we brag about the patients we know have gone to chiropractors and supposedly continue to go because the patient is better satisfied? Confess brothers. Is this not true? Please explain how the chiropractor holds his practice if it is not in supplying something the public needs, even if he studied only one year.

The whole matter seems to hinge on an economic basis and if the chiropractor is wiped out it will surely shorten the time necessary for the medics to wipe out the osteo.

UNITE WITH ANY PERSON, ORGANIZATION OR CREED THAT FIGHTS FOR MEDICAL FREEDOM!

Quit Knocking and Pull for Medical Freedom

By F. E. Wilcox, York, Pa.

We claim that the reason we want the Fess Bill killed or amended is because it is taking away the individual's right to choose the physician he wishes. The M.D. doesn't care what physician the Dear Public chooses so long as he has to choose an M.D. The D.O. doesn't care what physician he chooses just so he chooses an osteopath.

But how about this Dear Public we are so solicitous about? He wants results, cures and medical freedom, and he doesn't give a damn what school gives them to him.

If we want public support let's be honest and join in with the bunch, who are honestly striving for medical freedom.

After we get it, the best school will prevail and all ignorant imitators and pus-punchers will fail. We have no cause to fear any school,

— *The* —

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if we will quit knocking, saw wood, practice osteopathy and advertise.

The chiro today is numerically and financially stronger and getting stronger every minute, very largely through our knocking.

The M.D. knocked osteopathy, made us raise our educational standards and helped osteopathy materially.

Now we are trying and succeeding quite nicely to do the same thing for our imitators. Let them alone and they will hang themselves. Let us by our own works and advertising show the public what osteopathy really is, not what the other fellow is not.

If you really want to queer the other fellow ignore him, but knocking only advertises him—you can bet on that. The chiros should pay some of you a salary for your excellent help in their advancement.

You might even be thankful that there are chiros to get the people out of shape, they will then have to come to us real osteopaths to be put right!

Join any one who is working for real medical freedom and the cause of humanity; and after we have real honest-to-goodness medical freedom, merit will win out and it won't be the other fellow, if you leave him alone and stop knocking.

Proper Advertising of Osteopathy Will End Our Main Trouble

By A. H. Sellars, D.O., Pine Bluff, Ark.

As the big bugs of our profession from time to time have expressed their opinion relative to the chiro, I thought perhaps you would like to have a little bug's opinion, especially from this neck of the woods.

What's the matter with osteopathy? Why have we as a profession been asleep? What can we do with the chiropractics? Why are the chiropractors climbing ahead? Coalition and a score other things I could mention, seems to me can be answered in just three words "Failed to Advertise". We as a profession have been trying to sell the public something they didn't know was on the market for sale, that is our services for this disease and that disease. They don't know we treat any thing except nervous troubles, rheumatism and constipation. Have we as a combined profession told them from year to year that we treat any disease that is curable, with the exception of a few I could name but the profession knows them with out my naming? How much have we told them?

One of the main things that the chiropractors are taught is to advertise and tell the public what they have and what they can do, and you can rest assured they do it, especially down here. Why, if a chiropractor tried to live on ethics as we osteopaths do, they would turn him out of their associations for failure to advertise "the science of chiropractic".

"Coalition? "Shall we Hang Together—or Hang Separately?" That is the easiest question I ever had in my life to answer; and that is, hang separately! Never combine with the chiro for any thing, that is, in a professional way. If there is any combining to do, let them come up to our standards; then ask them to join us in the drugless healers' fight for suffering humanity. If we joined them at the present, we would be stooping mighty low, and that would be hard for a tall fellow like myself.

We as a profession have been sleeping for 28 or 30 years; but it is not too late to wake up, wash our faces, clean our hearts, burn old man Ethics, role up our sleeves and fight. By fighting I mean ADVERTISE, and when I say that I mean every osteopath that is in actual practice in the bounds of these United States of America.

We as a profession are so full of what we call Ethics, that we are mummified to the core. The laity has been taught to believe that the M.D. has some thing to give them for every pain-

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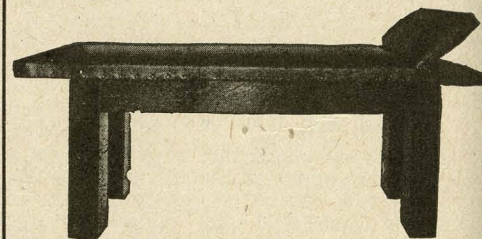
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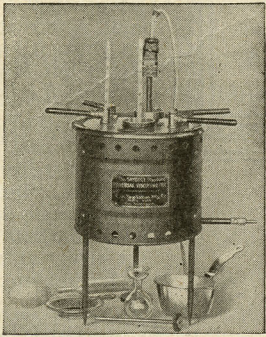
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ache or ailment, which they have, but how many specifics have they? You can count them on one hand. But, any way, just something to "take" and their minds are satisfied. We as osteopaths could satisfy both mind and body, but the laity as a whole don't know that, and it is because we have failed to instruct or educate them; but the chiropractors saw their opportunity, grasped it and are now swimming on top, and in some communities fast ahead of the osteopath.

When I came here eight years ago, there were two lady osteopaths and one chiropractor; since then one other chiro has cast his net among us, and we are all making a living. Personally, I have made more than a living, for practice last year ran over the \$7,000

mark. I have advertised osteopathy ever since I have been here and expect to continue as long as I am in the practice and have to mingle with what I would term "just people". One born every minute, so get busy and educate him! Several years ago our people down here got so ethical I began to get nervous thinking I would be turned out of our state and national associations, for being too unethical. I have always thought and still believe that ethics don't buy clothes and put bread and butter on your table; so I have been a vigorous advertiser of osteopathy and have had both food and clothes since locating here, if I didn't while in A.S.O.

Every state should have a publicity or advertising man to advertise osteopathy in that state, and every practicing osteopath should donate so much towards that fund and not be eligible to membership in our associations unless he works in the harness.

If there is a D.O. in the profession who has a specific treatment for a combination of people suffering with Ethics, or Yellow Atrophy of the Pep gland, apply to Dr. Waldo our President, and perhaps he may be able to give you a job.

It's Dream Stuff

By Robert W. Rogers, Somerville, N. J.

The birds that are advocating joining forces with the chiros had better stop drinking Glover's Mange Cure and other prohibition likker. This is a question that can be met in only one way. Under no circumstances should osteopathy cooperate with the chiros. It's a measly shame that osteopaths who are supposed to know better should suggest such an impossibility. There's been an underground movement along this line for a long time. Officials of different eastern state associations have advocated cooperation with the chiro-quacks and a lot of nincompoops have fallen for their line of chatter. B. J. Palmer has already lined up a bunch of suckers for his "Post-Graduate Course for Osteopaths". When osteopathy reaches the point where it's necessary to fall in line with the chiro it's not only going to hell in a hand basket but it's already gone.

The Wonders of Chiropractic

[Testimonial in the Michigan State Journal.]

A letter received a few days ago reads as follows: "Dear Doctor—Before taking your Chiropractic and Electric Treatments I was so nervous that NOBODY could sleep with me. But after taking six treatments ANYBODY can sleep with me."—B. L. T. *Chicago Tribune*.

WHERE PEGASSUS BROWSES

A Patient's Point of View

Blessings on thee, Osteopath,
Object of the Druggist's wrath,
With thy mighty slaps and whacks,
With thy sudden turns and twists
On our poor disjointed wrists.
With thy healthful, healing punch
On our half digested lunch.
With thy quick spasmodic jerks
On our poor internal works.
With thy rubs that feel so fine
Up and down our aching spine.
I am yours to thrash at will,
I am here because I'm ill.
Tug away at all my toes
Knock the "Roman" from my nose.
Put your thumbs in both my eyes
Pry a little on my thighs.
Then the climax of it all,
Charge five dollars for the call.

How one of my patients describes a treatment.—Clarence B. Utterbach, D.O., Tacoma, Washington.

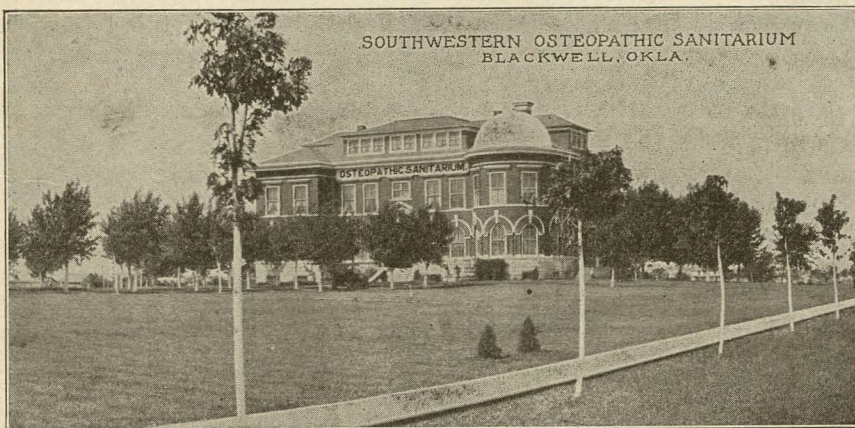
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Plans are being completed for the purchase of property and the erection of buildings which will provide the College with an attractive, carefully planned equipment desirably located for the carrying on of the educational and clinical work of the institution. Temporary Quarters now occupied—Administrative Offices, Clinics, library, recitation rooms, entire third floor, San Fernando Building. Laboratories, 121 East Fourth Street.

The College aims to build its student body from among those who have had some college training in science in addition to a high school course. It solicits the profession to refer to it their young friends who have had these better educational advantages.

For full information address

The College of Osteopathic Physicians and Surgeons
300 San Fernando Building, Los Angeles, California

HOW I TREATED MY OWN CHILD

(Name to doctors on request)

Fergus Falls, Minn., Nov. 5th, 1920

The Dionol Company,
Detroit, Michigan.

My 4-year-old boy, Frederick, pulled the cord of our electric heater and tipped a pan of boiling hot water on his arm and hand. My wife used the best dressings she had but the poor boy found no relief. She could no longer endure to see him suffer so frantically with the pain, and phoned for me. I applied Dionol and in about ten minutes the pain stopped, and there has not been any pain since.

This burn was very deep, and of course we thought it would leave a big scar, but do you know there will not be a sign of one? It is all healed up and one would never know that he had been burned at all. We obtained all these results in less than three weeks. I never saw such results in all my prac-

tice. Me for Dionol every time. I am surely grateful that such a remedy is on the market.

Dr.....

Another Case

Philadelphia, Pa., Feb. 8th, 1921.

The Dionol Company:

Within the past week I have had an opportunity to test Dionol in an aggravated x-ray burn case which was referred to me by a brother physician who had stopped his treatments owing to skin sensibility. I wish to compliment you on your splendid preparation. I have the burns under control and am now continuing treatment without fear of further inconvenience to the patient.

Dr.....

DOCTOR: Don't forget that Dionol gives equally positive results in local infections, wounds, leg ulcers and ulceration generally, and wherever local pyrexia is present. Try Dionol also for tampon treatments, piles, etc. It is exceptionally effective.

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SHOP TALKS on OSTEOPATHIC AFFAIRS

Real Service

Last night at 9 p.m. I relieved a man of hiccough of 14 days duration after 7 medics had failed. He has now been sleeping for 21 hours continuously. As I skipped out through the door a member of the family said: "That's real service."—*E. S. Bendix, D.O., St. Peter, Minnesota.*

Hiccough Cured

Saw patient seventh day. He had hiccoughed for six days for periods of one hour, with a cessation of about twenty minutes between attacks. Had three medics who administered chloroform, ether and nitro-glycerine. Stopped entirely by correction of lesion at 9th and 10th dorsal.—*E. E. Wicker, D.O., Virginia, Minn.*

The Diagnostic Duty

In disease, to know what the lesion is, and that which is, not the lesion. To discriminate between the real cause and that which appears to be the cause. To pass by the apparent cause, often due to inherited deficiencies in composition of structure, which permits deviation of structure without corresponding interference of function, and to seek the less apparent and real cause of disease—that is our duty.—*Frederick W. Treshman, D.O., Brooklyn, N. Y.*

Osteopathic Horizon Widening

The parapatetic Post-Graduate Lectures we are getting through the Western Osteopathic Association are surely fine. Dr. Waldo's lecture made me feel about ten years younger, and gave me new courage, inspiration and vision for success-building in practice. I wish every osteopath in the world might share this feast.—*W. S. Maddux, D.O., Pueblo, Colorado.*

Why Fear Medical Boards?

I stood the regular medical examination in Virginia at Richmond in December and have just received my license. This makes three regular medical board examinations I have taken and have had no trouble in passing any of the three, and can see no reason why any osteopath should be afraid of the medical examination if they are permitted to take it. Out of a class of more than one hundred taking the Florida board, I got the honor of making the highest general average. While I favor the separate examining board as we have in North Carolina, I see no reason why the osteopathic graduate should hesitate to go to a state that has the composite board, or only the regular board if he is permitted to stand the examination.

I am glad to say that osteopathy is still forging to the front in the "Old North State" and that we are hoping for the right to practice major surgery through an amendment to our present law.—*Fraternally, A. R. Tucker, D.O., Raleigh, N. C.*

Apply Psychology Also

Remember that the human being is a psychic as well as a mechanical being. Failure to get the desired results follows too often because we fail to recognize and apply this fundamental fact. Mechanical adjustment is the fundamental of osteopathic fundamentals; but adjustment, our one therapeutic principle of cure, is universal and this fact should be kept in mind at all times and our percentage of cures will mount higher.—*Geo. W. Reid, D.O., Worcester, Mass.*

Insurance for Osteopaths

There is an Accident and Health Insurance Company which recognizes Osteopaths, says so right on the face of their policies. They have written a lot of insurance in this territory and they settle their claims promptly and fairly. Osteopaths should give such companies their support. It is the Mutual Benefit Health and Accident Association, Omaha, Nebraska. Lets hear of others like them.—*Drs. Watters and Watters, Conrad, Mont.*

Selling Osteopathy to Osteopaths

The thing we need most is to make osteopaths appreciate their own profession more. We can't cure everything or everybody, but the thing we forget is that *the other fellow can't either!* Where osteopaths fall down is on that last point; too many give the M.D. credit that he is not entitled to. We can't get away from the teachings of the past 100 years. Too many of us don't call in another osteopath when our loved ones are sick; the first man we call is an M.D. It's wrong!—*C. W. Mayhugh, D.O., Atchison, Kansas.*

Only Team Work Wins

The greatest thing osteopathy is up against today is lack of cooperation of the profession in carrying out the plans of the Associations. Practitioners lose sight of the fact that we are a democracy and that the majority should rule. If the plans of the association do not suit them, they take themselves to their own little backyard and sulking, holler about how things are going, instead of pulling off their coats and working to further the interests of all. They do not realize that they owe anything to any one but themselves.—*C. B. Root, D.O., Greenville, Michigan.*

One Board Advocated

In my opinion it will be a great mistake to have separate (osteopathic) examining boards such as are planned in our outlines for future legislation. Our college courses are thorough enough to enable the ordinary graduate to pass the examinations given by the "medical" boards of any state. Demand for a separate board would lead to the inference that they are not. If we have an osteopathic board we will next have a chiropractic board, then napropathic, etc., until a license will be worthless. One board for all is our safety.—*Henry C. Sands, D.O., Chicago, Ill.*

This Letter Was Not for Publication

"The idea may be worth discussing" writes a practitioner. "Often times we have a little controversy, wife and I. I contend that any doctor of any school should not tell his wife any thing about his cases. She contends wife like, that she has a right to know all about my professional as well as private affairs. I contend that if my clientelle knew that I or any other doctor told any one about his cases his practice would last as long as a snowball would in —ll. I think that the office girl or the nurse even should know as little about the personal aspects of the case as possible to do their work. Please advise me. Get the opinion of some of the others if you think best. I think that I am right, though."

Undoubtedly you are right, doctor. You should hold all professional confidence as strictly sacred. You have no business violating this rule of ethics. No matter how sagacious one's wife is, violation of the right and expediency of this rule is attended with danger.—*Editor.*

Use the Word "Physician"

One thing that grinds my nerves is the words "Osteopath" and "Osteopaths" instead of osteopathic physician and osteopathic physicians. That "physician" belongs there.—*Clyde Gray, D.O., Horton, Kansas.*

Why Always on the Defensive?

Maybe I am a bolshevist, but why should we always fight a defensive battle? Every little while there is an urgent call for funds to defend our state law. Of course we have to do it. It's a matter of utmost importance. But why wait till the other fellow has a strangle hold on us? Let's put a few toe-holds on him. Maybe he won't be as keen to come back. I'm for attacking the state-supported medical schools and hit 'em hard in every state in the union. Why should the public support sectarian medical schools if they can't stand alone? Let them fall! Probably the best move would be to get information on the present costs per graduate and let the public know how dear it is.—*H. E. Eustice, D.O., Beloit, Kansas.*

Advanced Fees at Idaho Falls

The following rates went into effect in my office January 1st, 1921: Single treatment \$3.00; six treatments, if paid in advance, \$15.00; single treatment on Sundays and holidays \$4.00; house calls \$3.50; house calls after 9 p. m. \$5.00; normal labor cases \$35.00. I am the only osteopath out of five here that charges more than \$2.50 for office treatment or extra fees for treatments on holidays and Sundays. I will let you know if I starve to death. Practice was slow through December but is now very much better.—*George A. Aupperle, D.O., Idaho Falls, Idaho.*

Good Work at Macon

At the Still-Hildreth Sanatorium, Macon, Mo., osteopathy is again measuring up to the full in producing a record that our profession has always made in all fields wherein it has had a fair chance throughout its entire existence. It is proving the correctness in this much needed field of usefulness of the principles that Dr. Andrew Taylor Still gave to the world. The deeper we go into this work here in the study and treatment of mental disturbances the greater my respect grows for the man whose great brain gave to the world our splendid science. This work here simply proves that each year only adds to our knowledge of the great breadth and scope of our wonderful usefulness through osteopathy.—*A. G. Hildreth, D.O., Macon, Missouri.*

An Osteopathic Camp for Boys

In reading over The *OP* I notice that the Drs. Wood have an Osteopathic Summer Camp for Girls. I am in this field myself with an Osteopathic Camp for Boys, and am very glad that some others are at work along this line. Our camp is located in the south central part of Michigan and is called Algonquin Camp.

Last year we had 40 boys in camp and are looking for more this year, as each year the camp increases due to boys getting others to come and share the good time at outdoor sports.

Algonquin Camp is located on 25 acres of land. Ten acres are woods, where the tents are situated, and the rest open field, which is made into a good base ball field, tennis courts, basket ball courts, and volley ball courts. Running tracks are also used in track meets among the boys. All this, besides corrective gym work and of course swimming and canoeing.

Any Doctor having a son or patient that would be helped by this camp's work, can get information and camp folders.—*Fraternally yours, M. A. Prudden, D.O., Fostoria, Ohio.*

Hard on Country Mothers!

Recently there appeared in a daily paper in this county an article from an M.D. explaining why he and his fellows would not agree to attend confinement cases more than a mile out of their village in the winter time! The country people had criticised the medics very severely, and in explaining their position on the subject the M.D.'s made some statements which seemed to leave openings for osteopathic publicity, so we proceeded to take advantage of it in the local newspapers.—*Jane B. W. Hall, D.O., Caribou, Maine.*

Should Study Throughout Practice

How many of our problems as osteopaths could all be solved by constant and painstaking study! So many doctors after they finish college just seem to take it for granted that all is finished when in reality they have just learned how to study well. Another thing: How many of the old two-year graduates have ever taken any further work? Entirely too few of them, I believe. However, if these who have taken no more school work would only study Dr. A. T. Still's works and standard textbooks on all phases of our science they would keep somewhat up to date.

Now I have not been asked to say this additional thing, but I believe it, and so will give vent to it. Too few of our doctors of osteopathy are taking osteopathic publications. Why, it seems to me that a preacher had just as well try to get along without the Holy Bible as for an Osteopath to get along without three or four publications put out by members of our profession. At present I take nearly if not quite all osteopathic periodicals, but these magazines are as welcome to me as the sun is after a night of pain and anguish.—*Theodore Paul, D.O., Tarkio, Mo.*

Advocates "M.D.O." Degree

There are so many questions put to the profession through The *OP* that I thought you would be the proper one to ask this one, why does not the osteopath use the title "M.D.O."? M.D.O. signifies Doctor of Osteopathic Medicine. We are doctors of a system of medicine but the public is thrown off the track by our title, and osteopathy and chiropractic often seem all one thing to them. There are really so many ways that the standard of the osteopath would be raised that it would take up too much of valuable time to go over them. As a member of the medical board I would be glad to sign M.D.O.—*A. L. Vincent, D.O., Salt Lake City, Utah.*

AOA Bid to Philadelphia in A. D. 1926

Whereas, the preliminary steps have been taken to hold in Philadelphia in 1926 a "World's Fair" to commemorate the 150th Anniversary of American Independence, and

Whereas, Philadelphia distinguished in colonial history—The cradle of Liberty—The first Capitol of the (Nation) with its innumerable places of historic interest will be the MECCA to which not only the United States, but the whole world will pay homage in 1926,

RESOLVED, THEREFORE, in Executive session of the Philadelphia County Osteopathic Society to extend to the Executive Board of the American Osteopathic Association, to the profession at large, the invitation to hold the annual Convention of the Association in 1926 in Philadelphia.

ALL ROADS LEAD TO PHILADELPHIA IN 1926!

Charles J. Muttart, Carl D. Bruckner, Arthur D. Campbell, Wm. Otis Galbraith, Jane Scott. Committee, Philadelphia County Osteopathic Society.

**Special Information
for Osteopaths**

Under the laws of some States osteopaths are prohibited from using anything of a drug nature.

Dionol and Emulsified Dionol have no drug contents whatever and hence do not come under these restrictions. Their action is in strict consonance with osteopathic principles, being entirely mechanical, hence no drug re-actions are possible.

Osteopaths, throughout America, are using large quantities of these preparations, and there has never been a legal exception taken to their use, excepting in one case, and when the authorities learned the above facts the case went by default and they never even appeared against the doctor in question.

Dionol treatment is the only remedial agent that we are aware of that acts strictly in a mechanical sense and without drug reaction and which may be safely employed, internally or externally by drugless physicians generally.—The Dionol Co., Garfield Bldg., Detroit, Mich.

In response to repeated inquiries from the "fraternity", for my special

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I have decided to put them up in one pound packages containing approximately 450 tablets. A pound will be sent, charges prepaid, upon receipt of \$2.30, check or money order. If not satisfied, return the tablets, and your money will be cheerfully refunded. This preparation is made from standard ingredients to my own formula—

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	Sodium Salicylate		and Oil
	Sodium Chloride		Wintergreen

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One Alkaline Germicidal Tablet dissolved in 2 ounces of warm water makes an excellent spray or wash for nasal troubles and gargle for the throat and mouth. Superior to the aqueous alkaline solutions generally used—as its constituents cause it to remain longer on the mucous surface—allowing better results from its remedial qualities.

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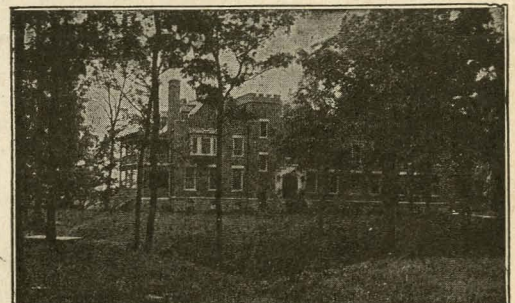
For treatment of the eye. The eye cup fits over the closed eyelid, and by suction manipulates all structures of the eye, moulds the eyeball into its normal shape, establishes circulation of blood, and normal functioning of the nerves. Restores vision in far sight, near sight, Astigmatism, causes absorption of Cataracts, relieves attacks of vertigo, sick headache, nervousness and other conditions which are due to eye strain. The P. S. R. is made of polished hard rubber, cannot wear out nor liable to get out of order. Guaranteed to give satisfaction if used according to instructions.

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Drum-Head Resection in Advanced Stages of Catarrhal Deafness

Recent investigation has very clearly demonstrated that in advanced stages of catarrhal deafness, which have failed to respond to Fustachian dilatation, bougie and osteopathic treatment, with the following symptoms:

1. Autophony.
2. Paracusis Willisii.
3. Vertigo at intervals.
4. Abnormal membrani tympani.
5. Catarrhal history.
6. Marked bone conduction.
7. Schwabach's test positive.
8. Rinne's test negative can be materially benefited by partial or complete resection of the drum-head. In many instances as much as 75 per cent of the auditory function has been restored by this surgical interference.

Drum-head resection of the bad ear, with

the above symptoms, often improves the opposite and untouched ear. This is the choice procedure in these conditions.

In nerve deafness vigorous non-surgical treatment of the bad ear often improves the opposite and untouched ear. This is due to peripheral stimulation of the center.

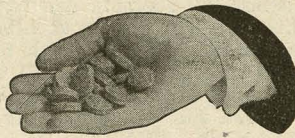
A series in research of over five hundred cases has demonstrated these facts. At the next meeting of the American Osteopathic Society of Ophthalmology and Oto-Laryngology, Cleveland, Ohio, these techniques, along with many others, will be demonstrated.—James D. Edwards, D.O., St. Louis, Mo.

Organized Publicity

We need a national advertising committee with state sub-divisions to keep the papers and magazines full of osteopathic news, as the M.D.'s and chiro do for their professions.—L. V. Read, D.O., Spring Valley, Minn.

DOCTOR—HERE IS A HELPING HAND!

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High School Lecturing

Have just been asked by the superintendent of schools to give a talk before the high school students on the subject, "Why I studied Osteopathy." These talks are given by professional men so as to give our students an idea about what they may want to do in life. Seems to me this is a good way to get osteopathy before the high school graduates and interest them so they will enter an osteopathic school. The superintendent has also asked me to give some practical talks on physiology. He is a booster for osteopathy and the kind we like to see at the head of a school. If this course were followed generally our schools would not be up against it so badly for want of students.—Fred W. Wells, D.O., Sedan, Kansas

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"Blackwell, Oklahoma, Talking!"

I note in The *OP* that the D.O.'s are quite numerous in Delaware, Ohio. We do not wish to detract from honors due them but Blackwell, Oklahoma, challenges their statement as to being the most populous place on earth, osteopathically. We have an average of more than one osteopathic physician to each 1,000 population.

These facts should show to the profession the immense influence of osteopathic institutions. If we had a thousand good hospitals, properly equipped and with qualified staffs, we would have a thousand Kirksvilles, Delawares and Blackwells where osteopathy is the dominant school of practice. No city without an institution has ever become such an osteopathic centre, and a good osteopathic institution has invariably proven the greatest asset of osteopathy in the community and enabled several times the usual number of D.O.'s to find it profitable to locate within the influence of such institution.

A creditable hospital, however, is more than a building with a few beds and a sign on it! Money will buy these but the hard thing to get, and the thing we as a profession lack, is the hospital men and women to manage and do the necessary special work. Such training requires years of time. We could organize hundreds of hospitals now but they would be failures without properly trained staffs. More men will train for such work whenever the profession demand and support them and not until then.—*Yours truly, H. C. Wallace, D.O., Southwestern Osteopathic Sanitarium, Blackwell, Oklahoma.*

"Out of the Mouths of Babes"

Dear Doctor Bunting:—As editor of the little magazine "Osteopathic Health" I know that you will appreciate this contribution and testimonial to the wonderful healing powers of your writings.

Ardith, the 11-year-old daughter of a patient of mine, has a collection of "Osteopathic Healths"—about a dozen or so. She keeps these together with a rubber band and at night puts them under her pillow.

She was sick for a few days last week and in order to make her more comfortable her mother wanted to take them from under the pillow.

"What do you want to have all those little magazines in bed with you for anyhow? Let me take them out," said her mother.

"Please, mother, let me have them with me. You know, when you're sick, they're so comforting, cause all the people tell about, no matter what ails them, how they always get well."

Dr. Chas. J. Muttart

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Consultation and Referred Cases given special attention

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PHILADELPHIA, PA.

I thought you would appreciate this personal testimonial to your powers of hypnotism, so am sending it on to you, Bunting. With best wishes.—*Arthur W. Brockway, D.O., Waukesha, Wis.*

Personnel of that A. S. O. Band

As Reported by Prof. Virgilio Halladay.

I organized the A. S. O. Band last fall when school opened and have it now in a pretty good condition. It is of interest in that it is the only purely Osteopathic Band that we know of in the world, being made up entirely of students at the A. S. O. In the past we have had bands here but they were augmented at times by local talent; in this case we do not need any outside assistance as we have all the necessary musicians in school this year.

Saturday, Jan. 8th, the band marched over to the A. S. O. and were given the jerseys which you will note each member is wearing in the picture. These are genuine Travelo jerseys and were made possible for the band boys thru the efforts of George Still, Gene Brott and myself.

The band plays at all athletic contests and school functions.

Below is a list of the members, their class and home town. You will note that they are gathered from all over the U. S.

- Conductor—
Dr. H. V. Halladay, Professor Anatomy, A.S.O.
- Cornets—
E. B. Johnson, June '24, Sault Ste. Marie, Ontario.
F. D. Ulrich, June '22, Lewistown, Pa.
M. L. Gump, June '23, Covington, Ky.
Roy Lilly, June '24, Charlestown, W. Va.
C. I. Pray, Jan. '24, Grant City, Mo.
R. A. Palmer, '24, Bement, Ill.
M. E. Triplett, June '23, Triplett, Mo.
H. C. Bereman, June '23, Wichita, Kansas.
- Clarinets—
M. W. Smalley, June '24, Miamisburg, Ohio.
W. C. Brenholtz, June '23, Flint, Mich.
H. W. Sachs, June '22, Towanda, Ill.
Rudolph Lentz, January '22, Howard, S. Dak.
- Piccolo—
R. J. Moore, June '23, Concordia, Kansas.
- Altos—
G. W. McColloch, June '24, Piqua, Ohio.
E. R. Palmer, Jan. '23, Waterville, Kansas.
- Saxophones—
R. K. Myers, June '23, Covington, Ohio.
S. J. Hearst, June '24, Warren, Ohio.
A. D. Becker, Jan. '21, Fleischmans, N. Y.
- Slide Trombones—
Ray Wright, June '24, Toledo, Ohio.
Louis Sturmer, June '24, Meriden, Conn.
R. S. Licklider, Jan. '24, Piqua, Ohio.

- Baritones—
A. H. Staffa, June '24, Ft. Worth, Texas.
H. G. Butler, June '24, Hebron, Neb.
N. A. Zustmann, Jan. '24, LaBelle, Mo.
- Basses—
C. A. Brink, June '24, Kirksville, Mo.
S. M. Gould, June '23, Orlando, Fla.
- Bass Drum—
H. L. Davis, June '21, Freewater, Oregon.
- Snare Drum—
S. H. Cables, June '23, Rockland, Me.

When we think of the work that Dr. Halladay does as a teacher, research worker in anatomical dissection and father who now and then is up at night with sick kiddies, and then realize also that he is a star musician and band master we reflect on the old adage that "only the busy have really time to do things."

Criticizes Harris Luntz' Flaxolyn Boosters

The osteopathic profession has recently received numerous letters and advertising matter from one "Harris H. Luntz" exploiting a preparation called "FLAXOLYN".

In order to get the attention of the osteopathic profession Mr. Luntz poses as an M.D., D.O. and judging from the most recent booklet of testimonials he apparently has been successful, as I note the names of four members of the A.O.A giving testimonial to the wonders of Flaxolyn.

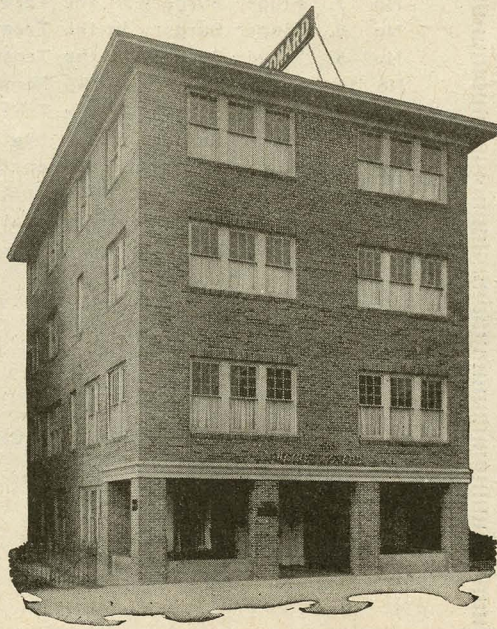
Now this man Luntz is *not* a legitimate osteopath, neither is he a registered M.D. in Kings County, New York, so far as I am able to learn by the records. He has been a hang nail to the osteopathic profession for several years but we have never taken direct action to get rid of him.

No doubt the legitimate osteopaths who are giving testimonial to Flaxolyn are doing so assuming that they are aiding one of their own profession, but instead they are aiding him to exploit his wares under false pretenses with the influence which their testimonials will bring to bear.

The osteopathic profession seems to be a medium of "easy picking" for everyone who has something to thrust upon the public and they all either pretend to be osteopaths; going to be osteopaths, or are the best friend the osteopaths ever had, but I would suggest that when we get literature from those posing as

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Referred cases given special attention,
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osteopaths we first learn if they are members
of the A.O.A. and if not, write the nearest one
to them who is a member and learn who and
what they are before assisting them.

I know absolutely nothing of the merits of
Flaxolyn, but I know of Mr. Luntz as he has
been in Brooklyn for some time and I do not
think the legitimate members of the profession
can afford to give encouragement to those who
are sailing under the osteopathic banner illegiti-
mately—Edward B. Hart, D.O., Brooklyn, N. Y.

Historical Perspective

"As we recede hills sink, mountains rise."
Each day demonstrates the mountain of oste-
opathic philosophy, science and art rising
higher above the hills of medical mediocrity.
As we move down the line of the centuries Dr.
A. T. Still will rise higher than the heights
in world history.—Clayton B. Simmons, D.O.,
Milan, Mo.

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scientists.

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THE MOUTH offers an ideal dwelling place for germs; it is of just the right temperature and moisture, and unless regularly cleansed, there are always enough decomposing food particles in the deep tissue folds and around the teeth to attract and favor the retention of all sorts of pathogenic bacteria.

NEGLECT OF THE MOUTH means a constant invitation to many of the acute diseases.

A CLEAN MOUTH is, therefore, the first consideration in the modern scheme of personal hygiene.

DIOXOGEN—the best and purest peroxide of hydrogen—is an invaluable mouth-cleanser. Owing its antiseptic qualities to pure oxygen—the same agent—that makes sunshine and good air the most efficient of germ-destroyers, Dioxogen penetrates to the deepest recesses of the mouth, where it softens and detaches all accumulated material, and cleanses and purifies everything it touches.

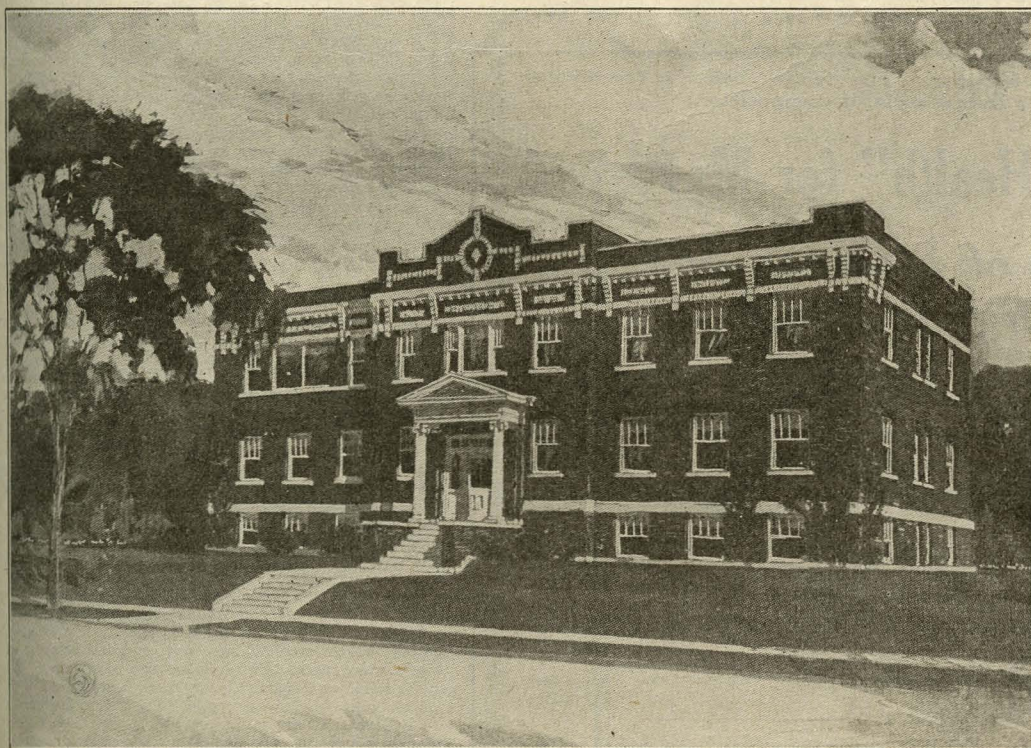
DIOXOGEN is not a mixture containing aromatic flavors or other substances to convey the idea of great antiseptic power. It is, instead, colorless, odorless and almost tasteless, with a germicidal efficiency superior to the solutions of carbolic or bichloride ordinarily used, but without the slightest toxic or irritating effect.

DIOXOGEN, in consequence, can be used as freely as necessary or desired, in even the youngest patients, with absolute certainty not only that it will keep the mouth and teeth in a clean and wholesome condition, but that it will always do its work in a pleasant and agreeable manner.

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Our institution is entirely out of debt and paid for from the receipts of our practice. It is one of the best equipped small hospitals in the state. We maintain a fine home adjoining for nurses. We are prepared to handle successfully all classes of surgical cases and invite the co-operation of osteopaths.

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For further information address Dr. George M. Laughlin, Kirksville, Mo.

The Laughlin Hospital, Kirksville, Mo.—Dedicated to Andrew Taylor Still

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[Ready to insert in your Home Town Newspaper]

A New Way to Cure Diseases of the Stomach and Digestive System

Since ills of the digestive system are probably the commonest form of sickness, the May issue of "Osteopathic Health", the popular magazine, will have an intriguing interest for vast numbers of people. It discusses from the new osteopathic point of view the absorbing subject, "Why Diseases of the Stomach and Digestive Organs Develop." Briefly the new view is that lesions in the spine (which usually show up as "sore spots" under finger pressure of the osteopath) are one of the commonest of causes. You will find this new light of science on the whole range of stomach and digestive ills very understandable and satisfying.

Broadly speaking, this writer says, diseases of digestion, assimilation and excretion are commonly caused in two ways: (1) by abuse of function (such as improper food or overwork of the stomach), and (2) by these abnormalities of the body tissues called "lesions" (which ordinarily means vertebrae or ribs slipped a little out of correct position, or congested muscles, and such things). A third factor which may cooperate with either of these causes is the disease germ.

It makes no difference whether diseases of the digestive system originate from the first, second or third of these causes, says the author, osteopathic diagnosis is the best way known to modern science to get at the facts of the case, and offers the most practical way to correct or cure the mischief. Now it stands to reason, if there is any mechanical disorder in the body such as a lesion which is causing the trouble, that the only way to reach and correct it is by an osteopathic adjustment. Once the

human machine has its parts all restored to normal position and relationship, says the writer, the common ordinary every-day ills of the stomach, bowels, liver, pancreas and other organs usually get well promptly and that without taking any medicine.

So it seems that anybody who is troubled with any sort of digestive ill ought to seek competent osteopathic examination and try to have the fundamental mechanical cause located and, if once located, then to get it adjusted by an osteopath as the simplest and most logical way to overcome the trouble.

So much for theory. But the most interesting part of this article by far is the recital of eight different cases which were successfully diagnosed and cured by osteopathy—most of them after other systems had failed to give aid. These cases included nervous dyspepsia, chronic constipation, bad livers, gastritis, pyloric obstruction, atony of the stomach and bowels, gall stones and reputed atrophy of the liver. Each of these cases was completely cured—most of them by the osteopath making adjustments of the back and neck.

Read this article in entirety. It will interest and instruct you and if you are a sufferer from any curable digestive ill it may open the door of relief for you. You may obtain a free copy of "Osteopathic Health," the little magazine, containing this article by applying to either Dr. _____ at _____ in this city, or to the publishers, The Bunting Publications, Inc., 9 South Clinton St., Chicago. A post card will bring it. The knowledge it gives ought to prove very valuable to any family.

A "Spring Tonic" 4-Page Harvester Leaflet

We are glad to be able to announce a limited run of a 4-page Harvest Leaflet written by Dr. A. G. Walmsley entitled "The Best Spring Tonic". It is good for circulation in this season of the year. It tells 'em what the best spring tonic is. You know. Price \$10 per thousand \$1.25 per hundred. You might as well use this *seasonable* advertising matter as not. We furnish it ready for you to use.

Enclosed find check \$17.00 to apply on my account. Osteopathic Health continues to carry rays of light in the homes where osteopathic theories have never permeated before.—Roy Kerr Eldridge, D.O., Philadelphia, Pennsylvania, February 4th.

IN D.O. LAND

News of the Washington Osteopathic Association

The laws of Washington regarding Osteopathy have been changed as follows: The Administrative Code does away with our examining board April 1st, 1921. A Director of License will have charge of affairs, that is, will call the examinations and issue the license, the Governor will appoint three osteopaths to prepare the questions, examine the candidates, mark the papers and make the report to the Director of License in Olympia. We have RECIPROCALITY with all states who have equal requirements. To encourage Osteopaths to come to Washington Dr. A. B. Ford, President of the Washington Osteopathic Association has appointed the present board a committee with W. T. Thomas, Tacoma, as secretary to answer all inquiries and give information.—W. T. Thomas, D.O.

Dr. A. H. Paul Offers Aid to Ex-Service Men

When Commander Galbraith of The American Legion was in Bridgeport, Connecticut, recently, he lectured before the Kiwanis Club. Dr. Arthur H. Paul was very much impressed by what he said about the men who are up against it financially and physically. So he offered his professional aid free of charge to all ex-service men in need of attention, and financially unable to pay for it. The Harry W. Congdon Post No. 11 of Bridgeport, took official notice of Dr. Paul's offer and asked him to put it in writing, which he did, and as a result, he received a letter from John F. Moran, Post Adjutant, stating that Dr. Paul's offer had been read to the members and it was accepted with a rising vote of thanks, and that the boys were deeply appreciative and had listed Dr. Paul among

Statement of the ownership, management, circulation, etc., required by the act of Congress of August 24, 1912, of The Osteopathic Physician published monthly at Chicago, Ill., for April 1, 1921, State of Illinois, County of Cook, ss. Before me a notary public in and for the State and county aforesaid, personally appeared H. S. Bunting who having been duly sworn according to law, deposes and says that he is the editor of *The Osteopathic Physician* and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse side of this form, to-wit:

1. That the names and addresses of the Publisher, Editor, Managing Editor, and Business Managers are: Publisher, The Bunting Publications, Inc., Chicago, Ill.; Editor, H. S. Bunting, Lake Bluff, Ill.; Business Manager, Ralph Arnold, Chicago, Ill. 2. That the owners are: H. S. Bunting, Lake Bluff, Ill.; H. D. C. Van Asmus, Lake Bluff, Ill.; Ralph Arnold, Chicago, Ill.; A. M. Sick, Park Ridge, Ill.; H. F. Hosley, New York City. 3. That the known bondholders, mortgages, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: None. 4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustee hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him. H. S. Bunting, Editor. Sworn to and subscribed before me this 22nd day of March, 1921, Seal. Ralph Arnold (My commission expires December 5, 1923).

Ready for use in your home town newspaper. The "copy" below is for display space. Have your printer follow style of composition.

"Osteopathic Health" for May

Why Diseases of Stomach and Digestive Organs Develop

Two Main Origins of Digestive Ills; Nervous Dyspepsia from a Vertebra Out of Line; Bad Livers?; Constipation Caused by Over-tense Muscles; Atony of the Stomach and Bowels; Gall Stones; Gastritis. : :

The above is the title contents of "Osteopathic Health" for May: A copy of this interesting little magazine will be mailed free of charge on request. It explains in clear simple language how Osteopathy gets success in these conditions. Address

DR. _____, _____

those "who have not forgotten the boys after the smoke of battle had cleared away". One man suffering from shell shock showed up at Dr. Paul's office for treatments shortly after the offer had been announced.

Montgomery County Osteopathic Association Meets in Independence

The Montgomery County Osteopathic Association met Feb. 1, 1921 in the office of Dr. R. Blandin Smith for its February session. Dr. L. G. Fite, president, from Coffeyville; also Dr. J. E. Freeland, and Dr. E. C. Brann. Dr. L. S. Adams, and Dr. Mary Pearl Adams, Fredonia; Dr. H. S. Wiles, Neodesha; Dr. C. H. Chandler, Cherryvale; Dr. R. L. DeLong, Oswego; Dr. R. W. Bell and Dr. Mary C. Bell of Independence, were the members in attendance. The program consisted of a paper by Dr. Chandler on the topic, "The Business End of Practice;" also a paper by Dr. Freeland on "The Indications and Contra-indications of the Popular Serums and Vaccines." A general discussion of the above topics was participated in by those present which made the evening pleasant and profitable. Light refreshments were served by Dr. Smith.—*Dr. Mary C. Bell, Secretary.*

To All Nobles of the Mystic Shrine—Greetings!

An assessment has been made upon all Shriners to establish hospitals for Crippled Children. This is a very worthy object, and one which can well be maintained by the Order. However, there are many members of the Shrine who are for Medical Liberty, for the right to consult whatever school of medicine they choose. It is their right and duty in paying the assessment to enter a protest to his Temple that this new institution or institutions be made open to all schools of Medicine, and the crippled to be taken care of shall have EVERY possible benefit of medical science and NOT that advocated by the school, Allopathy.

This is a request for all Nobles, Osteopathic, Christian Scientist, Homeopathic, Eclectic and otherwise to not only register their own suggestion and request for an OPEN institution, but to have your patients and friends do likewise.—*Noble O. C. Foreman, D.O., Chicago, Ill., January 5th, 1921.*

Binghamton, N. Y., Osteopaths Hear Dr. Dayton Lecture

Dr. F. E. Dayton, of Escanaba, Mich., chairman of the Bureau of Clinics in the department of public affairs of the Osteopathic Association, while visiting his father in Binghamton, N. Y., was entertained by the osteopaths of that city. Various special subjects were discussed including ear, nose, and throat work, Sacro-Iliac strains, osteopathic technique, and the value of rest and relaxation. Dr. Dayton gave a very interesting and learned lecture on the reduction of Sacro-Iliac lesions under anaesthesia. All were highly edified and a vote of thanks was tendered to Dr. Dayton for his courtesy and the hope was expressed that similar meetings may be held regularly.

New York City Osteopathic Meeting

The Osteopathic Society of the city of New York held its February meeting in the Blue and Gold Room, of Hotel Plaza, Saturday evening Feb. 19, 1921. Program: Licensing of the Osteopath, Ralph H. Williams, D.O., Rochester, N. Y., Examiner of Physiology of the State Board of Medical Examiners. Health and Housing, Dr. Royal S. Copeland, New York City, Commissioner of Health. Osteopathic Study of 875 Cases of Mental Disorders, L. Van H. Gerding, M.A., M.D., D.O., Macon Mo., Neurologist, Still-Hildreth Osteopathic Sanatorium. Business Session: We were especially honored in having Dr. Royal S. Copeland, Commissioner of Health, New York City, to address us. Dr. Gerding's paper on the Study of such a large number of Mental Disorders from an Osteopathic standpoint was most interesting. Dr. Williams, likewise, enlightened us on many points in which we are concerned.

North Carolina Osteopaths Defend Their Rights

The medical fraternity of North Carolina has opposed all osteopathic legislation for the past two years on the grounds that an agreed bill would be introduced at the present session of the Legislature, at which time a Board of Regents would be established and satisfactory laws would be passed regulating all the branches of the healing art. About two months before the General Assembly convened it was brought to my attention that such a bill was being prepared and we made an effort to secure a copy of it; we were assured that the bill had not been completed and probably would not be ready until the Legislature met, however, we were not consulted as to our wishes or given any assurance that we were to be allowed to even see the bill. Having participated in quite a number of legislative fights, and knowing the tactics of the medical fraternity in fighting every thing osteopathic, we began preparing an osteopathic bill granting us all the privileges as taught in the various osteopathic colleges. This bill was introduced in the House immediately following the introduction of the Medical Practice Act by the medical fraternity. The Medical Practice Act defined osteopathy as "rubbing, massage and scientific manipulation", thereby eliminating our privileges of minor surgery, obstetrics, etc. The Medical Practice Act was reported favorably in a joint meeting of Health committees of the House and Senate and passed in the Senate. However we had the bill amended in the House exempting Osteopathy as defined by law. The bill then

went back to the Senate for concurrence, was reported favorably by the committee and passed in the Senate with the osteopathic amendment preserving the rights of the osteopaths. The osteopathic bill was killed in the House committee but it enabled us to defeat the medical regulation of osteopathy thereby giving us a very decided victory. This, however, was not done without the hardest fight in the history of osteopathy in North Carolina and nearly every osteopath in the state did all that was asked.—*Merl J. Carson, D.O.*

Dr. Brigham on Western Circuit

Dr. Curtis W. Brigham is visiting the north half of the "Circuit," visiting seventeen States, via Portland, Boise, Denver and Salt Lake. The south half will not have a speaker this month.

Great is Waldo!

If you missed Dr. Waldo's address to the Los Angeles profession, requiring one hundred and twenty minutes, during which time not one of the two hundred and fifty present stirred except to hold his ribs in the height of laughter, or while blistering the palms in whole-hearted applause, you will always have one vision before you—the greatest mistake and regret of your life. His wealth of literary gems and their logical presentation in his characteristic, inimitable way gave to us who did attend an undying inspiration.—*"Team Work," organ of the Los Angeles County Osteopathic Association.*

D. O. Rotarian Advocates Reorganization of Soldiers Relief

Dr. C. E. Achorn, D.O., ex-President of the Rotary Club of New York and present Chairman of the Club's

"HARVEST LEAFLETS"

to Reach the Multitude and Arouse the Disinterested

Our new line of introductory and supplementary printed leaflets are designed to enable osteopaths to do wider and more systematic campaigning at unprecedentedly low rates per thousand (or per hundred) of names covered. These informal messages make easy and economical the undertaking of broadcast distributions and engineering systematic rapid-fire follow-ups where the cost of using a magazine would be felt as a deterrent factor. You can economically and speedily cover entire lists of any size by this medium and command instant attention. The harvest will be proportional to the sowing. Let us tell you how to plan and conduct such campaigns. Here is the splendid assortment of subjects offered you:

4-Page Harvest Leaflets

- No. 1. What Doctor Shall I Employ?
- 2. Disease Caused by Mechanical Pressure.
- 3. How Osteopathic Patients are Treated.
- 4. Getting Well All Over at the Same Time.
- 5. Building Up Weak Throats.
- 6. A Chiropractor at Work.
(George Creel in Harper's Weekly).

Price \$10.00 per thousand, with or without your professional card.

\$1.25 per hundred.

6-Page Harvest Leaflets

- No. 7. What is Osteopathy?
- 8. A Word to Former Patients.
- 9. What Osteopathic Fingers Will Do.
- 10. Neuritis From a Slipped Rib.
- 11. What is Chiropractic?
(As told in Gubernatorial Veto, Supreme Court Decision and A.M.A. Journal Editorial).
- 12. Where Chiropractors Are Made.
(A reprint from the A.M.A. Journal).
- 13. Chiropractic Kleptomania.
- 24. Neuralgia and Headaches.

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- No. 14. An Explanation of Osteopathy.
(As stated by the London Times).
- 15. Why the Spine is the Basis of Health.
- 16. What Osteopathy Does for Women.
- 17. Osteopathic Aid in Pregnancy and Confinement.
- 25. Osteopathy in Obstetrics

Price \$18.00 per thousand, with or without your professional card.

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1-Page Harvest Leaflets

- No. 18. Habit in Suffering.
- 19. The Osteopath's Point of View.
- 20. An Osteopath.
- 21. The Nine Modern Wonders.
- 22. Osteopathy is Not a Remedy.
- 23. Dr. Atzen's Definition of Osteopathy.
- 26. Pain.
- 27. Insomnia.

Price \$5.00 per thousand, with or without your professional card.

\$0.75 per hundred.

Imprinting your professional card is FREE on all orders bought in thousand lots. On any number (or assortment) from 100 to 900 it costs \$1.00 extra. These folders are sized to go in an ordinary letter envelope.

These osteopathic "Harvest Leaflets" do not take the place of campaigning by Osteopathic Health, but supplement it. They are scaled for easy, economical, wide distribution in units of thousands instead of hundreds, and are adequate to supply your want of something effective that will stir up quickly numerous inquiries about osteopathy. You should use them as "attention-getters". As each new inquirer is heard from you should automatically put him on your mailing list to receive Osteopathic Health, the magazine, monthly for a year's period. That is campaigning as scientific propagandists of any worthy cause would do it. We have only begun to fight for Osteopathy!

The BUNTING PUBLICATIONS, Inc., 9 S. Clinton St., Chicago

Committee studying the needs of ex-soldiers, stated that the American Legion was right in its charges against the present conduct of the care of disabled soldiers, the work of the present government agencies being wholly inadequate. The committee, Dr. Achorn said, asked the support by the Club of the Sweet Bill, advocating co-ordination of the War Risk Insurance Bureau, Federal Board for Vocational Education, and Public Health Service into one agency, under one department of the Government. This bill will be brought before the next session of the Legislature. Dr. Achorn further stated that it was his opinion, and in this he thought he was voicing the opinion of the other members of the Committee, that the Legion ought to devote its entire attention towards legislation for the disabled soldier instead of spending so much time in agitating for bonus legislation.

Chiro Convicted in Wyoming

I took the state board examination in February and was successful. Two other osteopaths were examined at the same time and passed. I understand that we are the first successful applicants in two years. The head of the state chiropractic association was found guilty of practicing medicine without license in the District Court March 25th. This was a test case and under the evidence and a plain reading of the law it was a just verdict. As usual the General Council for the chiros tried to evade the issue and to bring in a host of satisfied patients as witnesses. The sentence was ninety days in county jail. The chiros are now using the occasion for a lot of fireworks to arouse public sympathy with the hope of getting a law passed at the next meeting of the legislature. They had a bill before the last session of the legislature, but it failed simply from lack of merit, so I was told by a senator from his district.—D. L. L. Wade.

Ulceration

In considering the rational treatment of the pathological condition described as ulceration, it should never be forgotten that the underlying factor both in the production of the lesion as well as its persistence, is local inflammation. Perverted metabolism is a direct result of local inflammation, and is in turn followed by disturbance of nutrition and impaired vitality of tissue cells, all of which in spite of abnormal efforts to repair, leads to a reverse condition, necrosis. So long as local inflammation is allowed to persist, the pathological process will continue, with perhaps some periods of partial improvement but with no chance, or at least very little likelihood, of permanent relief and cure. The Electropathology of local inflammation and its relation to these conditions is not well understood by many medical men. Nevertheless, it was thru a study of this phenomenon that this most practical agent for the treatment of local inflammation, DIONOL, was developed. Dionol is composed of hydrocarbons carefully selected and combined for therapeutic use, which are then deionized by the Dionol method. Dionol is supplied in the form of ointment for local (external) use, and as Emulsified Dionol for internal administration.

PERSONAL

Drs. H. B. Sullivan and K. F. Kinney of Detroit, Michigan, announce the removal of their offices from 213 Woodward Avenue to the Walker Building, Woodward and Willis Avenues.

The Tourist Club of Pensacola, Florida, gave an entertainment March 17th. Dr. J. S. Baughman, now of Pensacola, but formerly of Burlington, Iowa, was chairman of the committee. Also he took prominent part in the program, making the opening address, also reciting a poem "Tribute to Mother Love", and also closing the program with an address "The Cloverleaf Combination".

Dr. Bruce L. Ross, a recent graduate of The American School of Osteopathy, is now located for practice at Central City, Nebraska, associated with his sister, Dr. Nell E. Ross.

Dr. Fred Thomas Hicks of Erie, Pa., announces the removal of his office from 227 West Seventh Street to 124 West Seventh Street.

Dr. Dayton B. Holcomb, formerly of Chicago, announces the opening of his office and X-ray Laboratory at 745 North Los Robles Avenue, Pasadena, California, specializing in Glendon's disease, and the resulting auto-toxicosis, gastro-intestinal, kidney and cardio-vascular conditions. Special training and technic in the Pasteur Institute of Paris, and also in Vienna, in physical, chemical and x-ray diagnosis.

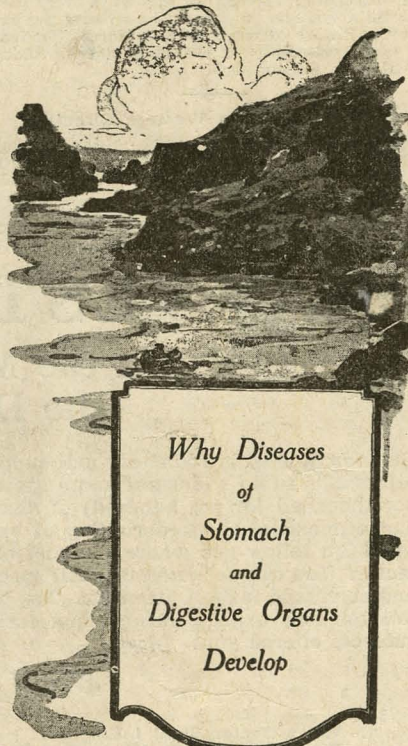
Dr. R. H. Prindle of Rocky Mount, North Carolina, has announced that he is no longer associated with Dr. Hornbeck. He has established offices at 405 National Bank of Rocky Mount Building.

Drs. Collyer & Collyer of Louisville, Kentucky, announce the removal of their offices from 526, 4th Street to the Pope Bldg., 3rd and Walnut Streets.

Dr. G. A. Gamble, Salt Lake City, Utah, announces that The Gamble Osteopathic Sanitarium, 1145 East 6th Street, South, Salt Lake City, Utah, is now open for convalescents and such chronic cases as are not contagious. Licensed physicians will be accorded special courtesies, and patients are free to call the doctor of their choice. Special attention will be given to cases which have been pronounced incurable. The highest aim will be to maintain a reputation for the Institution as "The Get-Well-Quick Resort."

Dr. R. R. Keeningsham of Mount Union, Pa., announces the removal of his offices from 111 N. Jefferson Street to Wiley Bldg., 16½ W. Shirley Street.

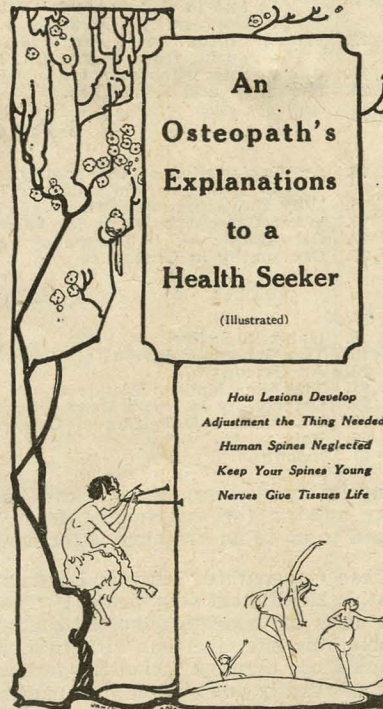
OSTEOPATHIC HEALTH for May



Why Diseases
of
Stomach
and
Digestive Organs
Develop

You will be well pleased with this popular discussion on this group of common diseases in which Osteopathy does so much permanent good. The rationality of osteopathic therapy in these cases is made very plain. The issue is ready for shipment. Send your order.

No. 54



An
Osteopath's
Explanations
to a
Health Seeker

(Illustrated)

How Lesions Develop
Adjustment the Thing Needed
Human Spines Neglected
Keep Your Spines Young
Nerves Give Tissues Life

This very splendid discussion of Osteopathy by Dr. McCole, of Montana, won great favor when first published. This new edition is carefully revised; printed from new type and bound in pretty cover. It will make increased practice for you if you use it right. How many do you wish?

MARRIED

Dr. Donald Merton Lewis of Des Moines, Iowa, and Miss Velma Marie Smith, March 3rd. Doctor and Mrs. Lewis will be at home after April 1st, at 724 45th Street Place, Des Moines, Iowa.

BORN

To Doctor and Mrs. J. H. Garretson, Forsyth, Mont. a daughter, Virginia May, January 16th.
To Doctors C. L. and Nora F. Shaw of Indianola, Ia., a 5½ pound son, Leslie Fleming, April 4th.

DIED

Mrs. Lizzie Grow, mother of Doctors W. W. Grow, W. S. Grow, and O. P. Grow.

Abie McL Teter, wife of Dr. F. B. Teter, died at her home in Davenport Thursday, February 24th, after an illness of about two years. Her husband and five children mourn her death.

George William Myles, brother of Dr. Anna Crawford Myles, student at the Philadelphia College of Osteopathy, of pneumonia complicated by tympanitis and acute cardiac dilatation.

EXCHANGE and MARKET

WANTED—To sell my practice and furniture for \$800.00, the price of one month's income. Will introduce and start newcomer this summer. Address No. 276, care The OP, 9 So. Clinton St., Chicago, Ill.

WANTED—Graduate D.O. to take charge of a good practice in one of the best all-year-round cities in northern Florida for the months of June, July, August and September. Splendid opportunity for right man. Give reference. Address No. 277, care The OP, 9 So. Clinton St., Chicago, Ill.

FOR RENT—Well established practice, office and residence combined and furnished. Centrally located in one of the best cities in Iowa. Suitable for sanitarium work. Man and wife preferred. Address No. 278, care The OP, 9 So. Clinton St., Chicago, Ill.

WANTED—To buy a first class practice or partnership by a capable and experienced osteopathic physician who has the goods and means business. Address "Successful", care The OP, 9 S. Clinton St., Chicago.

OFFER WANTED—For one hundred dollar share of stock of the American National Assurance Company of St. Louis. Address L. S. K., 415 Metropolitan Building, Minneapolis, Minnesota.

WANTED—An assistant who can qualify to earn \$5,000 per annum. Must be a man of intelligence, of settled habits, and of dependable and faithful character willing to work up gradually but surely to a \$5,000 a year income. The work would be mainly acute bed-side practice with some office practice at special hours. A live-wire chap, smart enough to use his brains to work as directed will fill the bill. Also might use a woman practitioner between the age of 30 and 40, if dependable, with good personality and some business sense. Address 272, care The OP, 9 South Clinton Street, Chicago, Ill.

WANTED—Position for summer. Chicago College, third-year-student would like position to act as assistant. Graduate Columbia University, B. A. Degree. Experienced in Social Welfare Work. Good personality, energetic disposition. Age 27. Can furnish best references. Chicago preferred. Address 274, care The OP 9 S. Clinton St., Chicago.

FOR SALE—McManis Table, DeLuxe Model, practically new. Address No. 279, care The OP, 9 S. Clinton St., Chicago, Ill.

FOR SALE—Michigan Practice, established 15 years in city of 15,000. Office and residence. Best of reasons for selling. Full particulars given. Address No. 271, care The OP, 9 S. Clinton St., Chicago, Ill.

WANTED—To buy an established practice in either Illinois or Missouri by an experienced osteopathic physician who has the goods and means business. Prefer town over 6,000. Address No. 270, care The OP, 9 S. Clinton Street, Chicago, Illinois.

FOR RENT—Morning hours, until 12 o'clock, also three evenings a week from 5 on, 32 north State Street, Chicago. Address 275, care The OP, 9 S. Clinton St., Chicago, Illinois.

FOR SALE—Practice, Good Will and Equipment. Big Chance for Man with Necessary Money. Retiring from practice, possession Sept., 1st, 1921. One of the best equipped offices in the U. S., and a well established practice of better than \$6,000 yearly. Town of 10,000 in the center of the best sugar, rice and cotton districts in the South, 10 small towns within a radius of 20 miles to draw from, only D.O. Equipment includes two McManis DeLuxe Tables, one DeLuxe stool, eye, ear, nose and throat room finished in white enamel with complete specialist's outfit, including a Sorenson compressed cabinet, instruments of all kinds, microscope, McIntosh battery, violet ray outfit, everything needed. Library of 130 volumes, 5 Oriental rugs, 12 water color gems, office furniture upholstered ivory wicker ware. Office includes whole floor especially arranged. Living rooms if desired. Everything complete. Long lease, reasonable rent. Price \$5,000, part cash, balance approved paper.

Further information cheerfully furnished to prospective buyers. When writing give facts about financial resources and state bank references. Address, S. L. L. The OP, 9 S. Clinton St., Chicago.